



JUVENILE JUSTICE COMMITTEE

MEETING PACKET

**Wednesday, March 22, 2006
10:15 AM – 12:00 PM
214 Capitol**



FLORIDA HOUSE OF REPRESENTATIVES

Allan G. Bense, Speaker

Juvenile Justice Committee

Faye B. Culp
Chair

Mitch Needelman
Vice Chair

Meeting Agenda Wednesday, March 22, 2006 214 Capitol, 10:15 AM – 12:00 PM

- I. Opening remarks by Chair Culp**
- II. Roll call**
- III. Consideration of the following proposed committee bill: PCB JUVJ 06-02—
Judicial Discretion to Select Commitment Programs.**
- IV. Consideration of the following proposed committee bill: PCB JUVJ 06-03—
Juvenile Sexual Offenders**
- V. Presentation on Report No. 06-13 entitled, "Effective Community Programs
Could Reduce Commitments of Girls to Residential Programs" by staff of the
Office of Program Policy Analysis and Government Accountability.**
- VI. Presentation on "What Works: A Vision for Florida's Juvenile Justice
System" by Steven Chapman, Ph.D., Department of Juvenile Justice Office of
Research and Planning.**
- VII. Closing remarks by Chair Culp**
- VIII. Adjournment**

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: PCB JUVJ 06-02 Judicial Discretion to Select Commitment Programs
SPONSOR(S): Juvenile Justice Committee
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
Orig. Comm.: Juvenile Justice Committee		White	White
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

SUMMARY ANALYSIS

PCB JUVJ 06-02 implements recommendations made in the House Juvenile Justice Committee's Interim Report entitled, "Judicial Discretion to Select Juvenile Commitment Programs," and during the Committee's workshop on the bill. Specifically, the bill:

- Creates a pilot program in the First, Eleventh, and Thirteenth Judicial Circuits, which authorizes judges to select commitment programs within the restrictiveness level ordered by the court.
- Requires the Department of Juvenile Justice (DJJ) prior to the beginning of the pilot program to:
 - Publish on its Internet website information that identifies and describes each commitment program.
 - Develop procedures, in consultation with judges, to implement the pilot program.
- Requires the DJJ, when requested by the court, to provide a list of commitment programs for which the youth is eligible, along with expected wait periods, and authorizes the court to select a program from the list if the expected wait period is 20 days or less for a maximum-risk program or 30 days or less for a program in the other restrictiveness levels. Alternatively, the court may select a commitment program with a longer wait period or that is not on the list, if the court provides reasons establishing that the youth is eligible for the program and that the program is in the youth's best interest.
- Requires the Office of Program Policy Analysis and Government Accountability (OPPAGA) to evaluate the pilot program and to periodically submit written reports that include:
 - Data on the frequency of court-specified placements and on the impact of such placements on commitment program wait periods, including secure detention stays.
 - Comparisons of successful completion, educational achievement, and recidivism data for court-specified and DJJ-specified placements.
 - Findings by the OPPAGA, DJJ, and delinquency courts regarding the benefits and disadvantages of court-specified placements, and recommendations by these entities for amendments to statute addressing commitment.

The DJJ has indicated that the fiscal impact of this bill will be \$13,000 for modifications of the Juvenile Juvenile Information System and an indeterminate amount for potential increases in secure detention utilization.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

STORAGE NAME: pcb02.JUVJ.doc
DATE: 3/6/2006

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

This bill does not appear to implicate any of the House Principles.

B. EFFECT OF PROPOSED CHANGES:

Disposition and Commitment of Delinquent Youth: Under current law, when a youth is found to have committed a delinquent act, the options available to the court for disposition include: (1) withholding adjudication and probation; or (2) adjudication and probation or commitment to the minimum-, low-, moderate-, high-, or maximum-risk restrictiveness levels.¹

Prior to committing a youth, the court must consider a predisposition report (PDR) that is based upon a multidisciplinary assessment of the youth by the Department of Juvenile Justice (DJJ) and that includes:

- A description of the youth's criminal history, educational background, and needs, and if residential commitment is considered, a comprehensive evaluation of the youth's physical and mental health and of substance abuse, academic, educational, or vocational problems.
- The DJJ's recommendation for a treatment plan and restrictiveness level as determined during a commitment staffing² conducted by the DJJ for the youth.³

The PDR must be provided to the court at least 48 hours before the disposition hearing.⁴ The court may follow the DJJ's recommendation in the PDR, or it may reject the recommendation if it states reasons that establish by a preponderance of the evidence why it is rejecting the recommendation.^{5 6}

If the court orders commitment for the youth, it must specify the restrictiveness level, but it may not select a program within the level.⁷ Instead, the DJJ is responsible for placing the youth in a program within the court-ordered restrictiveness level.

Placement of Committed Youth: Once a court has committed a youth to a restrictiveness level, a DJJ commitment manager utilizes the Juvenile Justice Information System (JJIS), which manages the availability of commitment slots, to determine the appropriate program placement. For each committed youth, a DJJ commitment manager enters the following information into the JJIS:

- **The restrictiveness level ordered by the court.**
- **Whether the youth needs any of the following services:** pregnancy services; restitution services; a staff, fence, or hardware secure facility; sex offender treatment; behavior overlay services; residential substance abuse overlay services; intensive mental health services; special needs mental health services; mental health overlay services; developmentally disabled services;

¹ See Section 985.03(46), F.S. (defining each restrictiveness level).

² According to DJJ representatives, invitees to the commitment staffing include the JPO, a DJJ commitment manager, the youth, the youth's parent(s) or guardian(s), the state attorney, the public defender, school officials, mental health staff, and other parties with information regarding the youth.

³ Sections 985.229(1) and 985.23(2) and (3)(b), F.S.

⁴ Section 985.229(1), F.S.

⁵ See Section 985.23(3)(c), F.S.

⁶ Data provided by the DJJ indicates that judges agreed with DJJ's disposition recommendation approximately 76 percent (n=8500) of the time in Fiscal Year 2004-2005.

⁷ See *Department of Juvenile Justice v. J.R.*, 716 So.2d 872 (Fla 1st DCA 1998) and *Department of Juvenile Justice v. E.R., J.R., M.C., and C.A.*, 724 So.2d 129 (Fla 3rd DCA 1998) (holding that the court has no statutory authority to require placement of a committed youth in a particular facility).

social and life skills; vocational training; educational services; residential substance abuse treatment; or specialized mental health services.

- **Whether any of the following disqualifying factors apply to the youth:** documented arson history; extremely aggressive behavior; DSM IV diagnosis; psychotropic medications; IQ below 70; serious habitual offender; intensive residential treatment; asthma; diabetes; heart condition; seizures; sickle cell anemia; cancer; sexually transmitted disease; tuberculosis; or pregnancy.

Based on this information, the JJIS produces a list of programs that will meet the youth's needs and for which the youth has no disqualifying factors. The JJIS also indicates the expected wait list for the listed programs. The commitment manager selects a program from the JJIS list after considering which program best meets the youth's needs and which is closest to the youth's home.

The JJIS does not factor Program Accountability Measures (PAM)⁸ and Quality Assurance⁹ ratings into the placement process; however, DJJ representatives have stated that the commitment manager may be aware of the ratings and may factor these into his or her final placement choice for a youth.¹⁰

Interim Project on Judicial Discretion to Select Commitment Programs: During the 2006 Interim, the House Juvenile Justice Committee conducted a project that reviewed the issue of statutorily affording judges the discretion to select particular commitment programs for youth. This issue had been considered by the Legislature in three bills filed during the 2003 and 2005 Regular Sessions.¹¹

The interim project report indicates that a survey of Florida's 81 juvenile delinquency judges was conducted to obtain feedback regarding whether they desire judicial discretion. Out of 41 judges responding to the survey, more than half (23 judges or 56 percent) believed that statute should be amended to afford judicial discretion. The judges indicated that judicial discretion would be advantageous because it would assist in insuring that placements are based on youth needs and the most effective programming available, rather than on program availability and budgetary concerns.¹²

The report also notes disadvantages to affording judicial discretion, which were cited by judges responding to the survey and by the DJJ. These disadvantages include that: (a) sufficient information on the content and effectiveness of commitment programs may not be readily available to judges in order for them to make informed placement decisions; (b) DJJ employees, who attend the commitment staffing, are in the best position to know which programs are available and for which the youth meets eligibility requirements; and (c) the time youth spend awaiting commitment placements may increase if judges over utilize the most effective programs.¹³ In order to mitigate these disadvantages, the report made recommendations that included the following for the Legislature to consider should it desire to grant judicial discretion in the future:

- To offer juvenile delinquency judges greater information on the content and effectiveness of commitment programs, the Legislature could require the DJJ to annually: (a) provide judges with a publication providing a comprehensive overview of each commitment program, including recidivism rates, and PAM and QA ratings; and (b) training at judicial conferences.

⁸ PAM scores consist of a program recidivism effectiveness measure and a cost effectiveness measure. Recidivism effectiveness is calculated as the standardized difference between the program's expected recidivism and observed recidivism. Cost effectiveness is calculated as the standardized difference between each program's average cost per youth completing the program and the statewide average cost per completion of \$34,083. See *The 2005 PAM Report*, Department of Juvenile Justice, December 2004, p. 5.

⁹ Quality Assurance ratings are based upon an evaluation of the following three elements in each program: (1) level of performance and quality of services; (2) immediate and long-term outcomes; and (3) cost. See *An Introduction to Florida's Juvenile Justice Quality Assurance System*, Department of Juvenile Justice, May 2004, p. 4.

¹⁰ *Judicial Discretion to Select Juvenile Commitment Programs*, House of Representatives Juvenile Justice Committee, January 2006, pp. 4-6.

¹¹ See HB 1741 and SB 1900 (2003) and HB 1917 (2005).

¹² *Judicial Discretion to Select Juvenile Commitment Programs* at pp. 6, 9, 11.

¹³ As discussed in the report, however, this alleged disadvantage might ultimately result in the DJJ either expanding the most effective programs or opening new ones that are equally effective. *Id.* at 9.

- To insure that judges only place youth in commitment programs for which they are eligible, the Legislature could require the DJJ to provide judges, upon request, the list of programs produced by the JJIS for the youth and the wait list for those programs.
- To minimize the risk that judicial placements might result in substantially longer commitment wait lists, the Legislature could provide that such placements must occur within 30 days, rather than within 45 days as specified in the 2005 proposed legislation. For Fiscal Years 2003 through 2005, the average wait list time for placement in a low-, moderate-, or high-risk program was 28 days and in a maximum-risk program was 17.7 days.
- To more fully evaluate the advantages and disadvantages of affording judicial discretion prior to statewide adoption, the Legislature could initially implement such discretion as a pilot program and require the collection of data during the project that includes: (a) the number of youth committed by circuit; (b) the number of youth placed in judicially-specified programs by circuit; (c) the number of times judges deviated from JJIS-listed programs; (d) the average wait list time for judicially- and DJJ-specified program placements; (e) the average time spent by youth in secure detention while awaiting judicially- and DJJ-specified program placements; and (f) a description of any written documents and training provided by the DJJ to judges regarding the content and effectiveness of commitment programs.¹⁴

Effect of Bill: The bill implements recommendations made in the House Juvenile Justice Committee's Interim Report entitled, "Judicial Discretion to Select Juvenile Commitment Programs," and during the Committee's workshop on the bill. Under the bill, a pilot program for the time period of September 1, 2006 through July 1, 2010, is created in the First (Escambia, Okaloosa, Santa Rosa, and Walton Counties), Eleventh (Dade County) and Thirteenth (Hillsborough County) Judicial Circuits in order to authorize specification of commitment program placements for youth by delinquency courts in those circuits.¹⁵

The bill requires the DJJ before August 31, 2006, to:

- *Develop, in consultation with affected delinquency court judges, procedures to implement the pilot program.*
- *Publish on its Internet website, and to continually update as changes occur, information that identifies the name and address of each commitment program and that describes for each identified program: the population of youth served; the maximum capacity; the services offered; the admission criteria; the most recent recidivism rates; and the most recent cost-effectiveness, i.e., PAM, rankings and QA results under s. 985.412, Florida Statutes.*
- *Develop, in consultation with the Office of Program Policy Analysis and Government Accountability (OPPAGA), reporting protocols to collect and maintain data necessary for OPPAGA's required reports on the pilot program.*

¹⁴ *Id.* at 10-11.

¹⁵ These judicial circuits were selected based upon the number of referrals annually received, the number of commitments annually imposed, and the expressed desire of judges within the circuit to utilize judicial discretion to select commitment programs. The First Judicial Circuit: had the 13th highest number of referrals in the state for Fiscal Years 2000 through 2005; had the third highest number of commitments in the state for Fiscal Years 2000 through 2005; and two out of four judges responding to the interim project survey indicated that the law should be amended to afford judicial discretion. The Eleventh Judicial Circuit had the highest number of referrals in the state for Fiscal Years 2000 through 2005; had the sixth highest number of commitments in the state for Fiscal Years 2000 through 2005; and four out of four judges responding to the interim project survey indicated that the law should be amended to afford judicial discretion. The Thirteenth Judicial Circuit: had the fifth highest number of referrals in the state for Fiscal Years 2000 through 2005; had the eighth highest number of commitments in the state for Fiscal Years 2000 through 2005; and two out of four judges responding to the interim project survey indicated that the law should be amended to afford judicial discretion.

The bill authorizes delinquency court judges¹⁶ during the pilot program period to require the DJJ to include in a youth's PDR the list of commitment programs produced by the JJIS for the youth, including the wait period for each program. The judge may select a program from the list, which has a wait period of 20 calendar days or less for a maximum-risk program or 30 calendar days or less for another program. If the judge wishes to select a program from the list with a longer wait period, the judge must state reasons on the record establishing by a preponderance of the evidence that the placement is in the youth's best interest. Further, if the judge wishes to place the youth in a commitment program not on the list, the judge must state reasons on the record establishing by a preponderance of the evidence that the youth is eligible for the commitment program and that the commitment program is in the youth's best interest. The bill defines "eligible" as meaning a determination that the youth satisfies admission criteria for the commitment program.

The bill provides that youth, who are subject to a judicially-specified placement, shall be placed in next regularly scheduled opening for the program ordered; i.e., delinquency courts are not authorized to order placement prioritization for youth subject to a judicially-specified placement.

The bill also requires the OPPAGA to evaluate the pilot program and to submit a report to the Governor and Legislature on January 1, 2008, and annually thereafter, which identifies, according to judicial circuit and restrictiveness level, the following data, as it becomes available, for the pilot program period:

- The number of youth committed to the department by the delinquency court.*
- The number of youth placed by the delinquency court in a program: on the JJIS list with a wait period of 20 or 30 calendar days or less, as applicable; on the JJIS list with a wait period in excess of 20 or 30 calendar days, as applicable; and that was not on the JJIS list.*
- The number of youth placed in DJJ-specified commitment programs.*
- The average wait period for, and the average number of days spent by youth in secure detention while awaiting placement in, delinquency court-specified commitment programs and DJJ-specified commitment programs.*
- The number of youth who complete, and who are otherwise released from, delinquency court-specified commitment programs and DJJ-specified commitment programs.*
- Educational achievements made by youth while participating in delinquency court-specified commitment programs and department-specified commitment programs.*
- The number of youth who recidivate within six-months following completion of delinquency court-specified commitment programs and DJJ-specified commitment programs.¹⁷*

Further, the bill requires that the reports submitted by the OPPAGA on January 1, 2009 and January 1, 2010, contain: (a) findings by the OPPAGA, DJJ, and delinquency courts regarding the benefits and disadvantages of authorizing courts to select commitment programs; and (b) recommendations by the OPPAGA, DJJ, and delinquency courts, if found to be warranted, for amendments to current statute addressing commitment.

Finally, the bill provides for the repeal of the pilot program on July 1, 2010.

¹⁶ Some interested parties have raised concerns about the bill indicating that judges may be unduly influenced by private providers to select certain commitment programs. Judges, however, are governed by the Code of Judicial Conduct, which: (1) requires a judge to disqualify himself or herself in any case where his or her impartiality may be questioned, including where a judge or a family member has anything more than a de minimis interest that could be affected by a proceeding; and (2) prohibits the acceptance of a gift by a judge if the donor's interests are likely to come before the judge. See Canons 3.E. and 5.D. of the Code of Judicial Conduct. Compliance with the Code of Judicial Conduct is enforced by the Judicial Qualifications Commission. See Florida Judicial Qualifications Commission Rules.

¹⁷ The bill directs the OPPAGA, in consultation with staff of the appropriate substantive and fiscal committees of the Legislature, to develop common terminology and operational definitions for the measurement of data required to be included in the report.

C. SECTION DIRECTORY:

Section 1. Creates a pilot program for the period of September 1, 2006 through July 1, 2010, which authorizes delinquency courts to select commitment programs in the First, Eleventh, and Thirteenth Judicial Circuits; provides definitions; requires the DJJ before August 31, 2006, to develop procedures to implement the pilot program, to publish on its Internet website specified information about commitment programs, and to develop reporting protocols for specified data; specifies requirements applicable to the selection of commitment programs by judges; requires the OPPAGA to submit a report containing specified data to the Governor and Legislature regarding the pilot program on January 1, 2008, and annually thereafter; requires the OPPAGA, the DJJ, and judges to make findings and recommendations; provides that the section repeals on July 1, 2010.

Section 2. Provides an effective date of July 1, 2006.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The DJJ funds post-disposition secure detention costs. Under s. 985.215(10)(c) and (d), F.S., any type of detention for which a juvenile scores on his or her risk assessment instrument may be continued until the youth is placed in a high- or maximum-risk commitment program. Accordingly, the bill could increase post-disposition secure detention costs in the First, Eleventh, and Thirteenth Judicial Circuits to the extent that judicial commitment program placements increase wait lists for high- and maximum-risk commitment programs.

The DJJ has indicated that the fiscal impact of the bill's potential increase in secure detention utilization is indeterminate because the following is unknown: (a) how often judges in the three judicial circuits will place youth is unknown; and (b) whether judicial placements will increase average secure detention stays for high- and maximum-risk programs.

The DJJ has stated that the bill's data collection requirements in subsection (6) will necessitate modifications of the JJIS at a cost of \$13,000.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable because this bill does not appear to: require the counties or cities to spend funds or take an action requiring the expenditure of funds; reduce the authority that cities or counties have to raise revenues in the aggregate; or reduce the percentage of a state tax shared with cities or counties.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

1 A bill to be entitled
2 An act relating to juvenile justice; creating a pilot
3 program that authorizes specified courts to select
4 commitment programs for juvenile delinquents; providing
5 definitions; providing program's purpose; requiring the
6 Department of Juvenile Justice to develop implementation
7 procedures and to publish specified information about
8 commitment programs on its website; providing procedures
9 for the selection of commitment programs by courts;
10 requiring an evaluation and report by the Office of
11 Program Policy and Government Accountability; specifying
12 department and court responsibilities relating to the
13 report; providing for repeal; providing an effective date.

14
15 Be It Enacted by the Legislature of the State of Florida:

16
17 Section 1. Judicial discretion to select commitment
18 programs; pilot program. -

19 (1) The definitions contained in s. 985.03, Florida
20 Statutes, apply to this section. Additionally, for purposes of
21 this section, the term:

22 (a) "Available placement" means a commitment program for
23 which the department has determined the youth is eligible.

24 (b) "Commitment program" means a facility, service, or
25 program operated by the department or by a provider under
26 contract with the department within a restrictiveness level.

27 (c) "Delinquency court" means a circuit court in the First,
28 Eleventh, or Thirteenth Judicial Circuits.

29 (d) "Eligible" means a determination that the youth
30 satisfies admission criteria for the commitment program.

31 (e) "Wait period" means the shortest period of time expected
32 to elapse prior to placement of a youth in a commitment program,
33 as determined by the department based upon anticipated release
34 dates for youth currently in the commitment program.

35 (2) Between September 1, 2006 and July 1, 2010, a pilot
36 program shall be conducted in the First, Eleventh, and Thirteenth
37 Judicial Circuits, which authorizes delinquency courts to select
38 commitment programs for youth. The purpose of the pilot program
39 is to identify and evaluate the benefits and disadvantages of
40 affording such judicial discretion prior to legislative
41 consideration of statewide implementation.

42 (3) Before August 31, 2006, the department shall:

43 (a) Develop, in consultation with delinquency court judges,
44 procedures to implement this section.

45 (b) Publish on its Internet website information that
46 identifies the name and address of each commitment program and
47 that describes for each identified commitment program: the
48 population of youth served; the maximum capacity; the services
49 offered; the admission criteria; the most recent recidivism
50 rates; and the most recent cost-effectiveness rankings and
51 quality assurance results under s. 985.412, Florida Statutes. The
52 department shall continually update information published under
53 this paragraph as modifications occur.

54 (4) Between September 1, 2006 and July 1, 2010, a
55 delinquency court may:

56 (a) Order the department to include in a youth's
57 predisposition report a list of all available placements within

58 each restrictiveness level identified by the court or recommended
59 by the department. The list shall also indicate the wait period
60 for each available placement identified by the department.

61 (b) Specify for a youth committed by the court an available
62 placement identified in the listing under paragraph (a), which
63 has a wait period of 30 calendar days or less for a minimum-risk
64 nonresidential, low-risk residential, moderate-risk residential,
65 or high-risk residential commitment program or a wait period of
66 20 calendar days or less for a maximum-risk residential
67 commitment program. Alternatively, a delinquency court may
68 specify:

69 1. An available placement with a wait period in excess of
70 those identified in paragraph (b), if the court states reasons on
71 the record establishing by a preponderance of the evidence that
72 the available placement is in the youth's best interest.

73 2. A commitment program that is not listed as an available
74 placement, if the court states reasons on the record establishing
75 by a preponderance of the evidence that the youth is eligible for
76 the commitment program and that the commitment program is in the
77 youth's best interest.

78 (5) When a delinquency court specifies an available
79 placement or commitment program for a youth under paragraph
80 (4)(b), the youth shall be placed, as specified by the court,
81 when the next regularly scheduled opening occurs after the
82 placement of other youth who were previously committed and
83 waiting for that program.

84 (6)(a) The Office of Program Policy Analysis and Government
85 Accountability shall conduct a longitudinal evaluation of the
86 pilot program created by this section and shall submit a written

87 report to the appropriate substantive and fiscal committees of
88 the Legislature and to the Governor on January 1, 2008, and
89 annually thereafter, which identifies, according to judicial
90 circuit and restrictiveness level, the following data, as it
91 becomes available, for the pilot program period:

92 1. The number of youth committed to the department by a
93 delinquency court.

94 2. The number of youth placed by a delinquency court in an
95 available placement under paragraph (4)(b) and subparagraph
96 (4)(b)1., and in a commitment program under subparagraph (4)(b)2.

97 3. The number of youth placed in a department-specified
98 commitment program.

99 4. The average wait period for, and the average number of
100 days spent by youth in secure detention while awaiting placement
101 in, delinquency court-specified commitment programs and
102 department-specified commitment programs.

103 5. The number of youth who complete, and who are otherwise
104 released from, delinquency court-specified commitment programs
105 and department-specified commitment programs.

106 6. Educational achievements made by youth while
107 participating in delinquency court-specified commitment programs
108 and department-specified commitment programs.

109 7. The number of youth who are taken into custody for a
110 felony or misdemeanor within six-months following completion of
111 delinquency court-specified commitment programs and department-
112 specified commitment programs.

113 (b) Before August 31, 2006:

114 1. The department, in consultation with the Office of
115 Program Policy Analysis and Government Accountability, shall

116 develop reporting protocols to collect and maintain data
117 necessary for the report required by this subsection.

118 2. The Office of Program Policy Analysis and Government
119 Accountability, in consultation with staff of the appropriate
120 substantive and fiscal committees of the Legislature, shall
121 develop common terminology and operational definitions for the
122 measurement of data necessary for the report required by this
123 subsection.

124 (c) The reports required under paragraph (a) to be submitted
125 on January 1, 2009 and January 1, 2010, must also include:

126 1. Findings by the Office of Program Policy Analysis and
127 Government Accountability, department, and delinquency courts
128 regarding the benefits and disadvantages of authorizing courts to
129 select commitment programs.

130 2. Recommendations by the Office of Program Policy Analysis
131 and Government Accountability, department, and delinquency
132 courts, if found to be warranted, for amendments to current
133 statute addressing commitment.

134 (7) This section is repealed effective July 1, 2010.

135 Section 2. This act shall take effect July 1, 2006.

Side-by-Side for PCB JUVJ 06-02, Version A

Workshop Version of PCB	Current PCB
Created a one-year pilot program.	Creates a pilot program between Sept. 1, 2006 and July 1, 2010. <i>Purpose: To provide sufficient time for the collection of program completion, educational gains, and recidivism data that will allow the effectiveness of judicial placements to be compared with the effectiveness of DJJ placements.</i>
Required the DJJ to provide delinquency courts with a publication containing specified information on each commitment program.	Requires the DJJ to publish this information on its website and to continually update the information as changes occur. <i>Purpose: To afford judges access to current information as program changes occur.</i>
Permitted courts, without providing reasons, to specify maximum-risk commitment program placements with wait periods up to 30 days.	Changes 30-day period to 20 days as the average maximum-risk wait period for FYs 2003-2005 was 18 days. <i>Purpose: To avoid a substantial increase in maximum-risk wait periods.</i>
Did not address.	Provides that youth who are judicially placed shall be placed in the next regularly scheduled program opening. <i>Purpose: To avoid orders that a judicially-specified placement occur before the placement of other youth already on a program wait list.</i>

Required the DJJ to report on the implementation of the pilot program.

Requires the OPPAGA to evaluate the pilot program and periodically report specified data, findings, and recommendations.

Purpose: To provide the Legislature with placement effectiveness data and findings and recommendations by the OPPAGA, DJJ, and courts.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: PCB JUVJ 06-03 Juvenile Sexual Offenders
SPONSOR(S): Juvenile Justice Committee
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
Orig. Comm.: Juvenile Justice Committee		White	White
1)			
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SUMMARY ANALYSIS

The bill implements selected recommendations made by the Task Force on Juvenile Sexual Offenders and their Victims (Task Force) in its January 2006 final report to the Governor and Legislature. Specifically, the bill:

- Requires courts to order, and consider the results and recommendations of, psychosexual evaluations of all juvenile sexual offenders; whereas, current law only provides courts with the discretion, subject to appropriation, to order such evaluations.
- Specifies more comprehensive requirements for psychosexual evaluations than those provided in current law; e.g., under the bill, the evaluation must address the juvenile's substance abuse and mental health history and include an intellectual, personality, and trauma assessment.
- Requires that psychosexual evaluations be conducted by statutorily certified juvenile sexual offender therapists; whereas, current law specifies only that such evaluations may be conducted by psychologists, therapists, or psychiatrists.
- Recreates the Task Force so that it may continue its review of the state's juvenile sexual offender laws and submit a second report that: discusses each state law addressing juvenile sexual offenders; specifically identifies statutory criteria that should be satisfied before juvenile sexual offender classification and placement; and sets forth a comprehensive plan for implementation of its recommendations.

The bill's fiscal impact is estimated to be \$530,700 for the cost of mandatory psychosexual evaluations. Additionally, a fiscal impact will be generated for Task Force per diem and travel expense reimbursement. An estimate of this impact has been requested from the DJJ.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide limited government: The bill creates a task force, the membership of which is to be appointed by the Secretary of the Department of Juvenile Justice (DJJ), and assigns the task force duties to review specified issues and to submit a report to the Governor and Legislature.

B. EFFECT OF PROPOSED CHANGES:

Juvenile Sexual Offenders: Currently, s. 985.03(32), F.S., defines a juvenile sexual offender as a juvenile who has been found to have committed:

- A violation of:
 - Chapter 794, F.S., proscribing sexual battery.
 - Chapter 796, F.S., proscribing prostitution.
 - Chapter 800, F.S., proscribing lewdness and indecent exposure.
 - Section 827.071, F.S., proscribing sexual performance by a child.
 - Section 847.0133, F.S., proscribing the provision of obscenity to minors.
- Any felony violation of law or delinquent act involving juvenile sexual abuse, which means any sexual behavior¹ that occurs without consent, without equality, or as a result of coercion.

After an adjudicatory hearing for a juvenile sexual offender, the court may either: (1) treat the offender as it would any other juvenile found to have committed a delinquent act, i.e., withhold adjudication and place the offender on probation or adjudicate the offender and impose probation or commitment;² or (2) treat the offender as a juvenile sexual offender. Under the second option, the court, subject to specific appropriation, may:

- Order an examination of the juvenile sexual offender by a psychologist, therapist, or psychiatrist, if the offender has no recent history of a comprehensive assessment focused on sexually deviant behavior.³ The report of this exam must include: (a) the offender's account of the incident and the official report of the investigation; (b) the offender's offense history; (c) a multidisciplinary assessment of the offender's sexually deviant behaviors by a psychologist, therapist, or psychiatrist; (d) an assessment of the offender's family, social, educational, and employment situation; and (e) an assessment of the offender's amenability to treatment and relative risk to the victim and community.⁴
- Impose a juvenile sexual offender community-based treatment alternative disposition. In order to utilize this alternative disposition, the court must first consider: (a) a proposed plan of the community-based treatment from the DJJ; (b) whether the offender and community will benefit from imposition of community-based treatment; and (c) the victim's or victim's family's opinion of whether the offender should receive community-based treatment. Upon finding that a community-based alternative disposition is appropriate, the court may place the offender on community supervision for up to three years and impose conditions that require the offender to: (a) undergo outpatient juvenile sexual offender treatment; (b) remain within prescribed geographical boundaries; and (c)

¹ The subsection further states that, "Juvenile sexual offender behavior ranges from noncontact sexual behavior such as making obscene phone calls, exhibitionism, voyeurism, and the showing or taking of lewd photographs to varying degrees of direct sexual contact, such as frottage, fondling, digital penetration, rape, fellatio, sodomy, and various other sexually aggressive acts." Section 985.03(32), F.S.

² Sections 985.228 and 985.231, F.S.

³ Section 985.231(3), F.S.

⁴ Section 985.231(3)(a) and (b), F.S.

comply with all requirements of the treatment plan. If the offender violates any condition or if the court finds that the juvenile is failing to make satisfactory progress in treatment, the court may revoke the community-based treatment alternative and commit the offender to the DJJ.⁵

- Commit the juvenile sexual offender to the DJJ for placement in a juvenile sexual offender commitment program under s. 985.308, F.S. This section authorizes the DJJ, subject to appropriation, to operate or contract for juvenile sexual offender commitment programs, which must include educational components, life management training, substance abuse treatment, and intensive psychological treatment.

2005 Task Force on Juvenile Sexual Offenders and their Victims: During the 2005 Regular Session, the Legislature enacted ch. 2005-263, L.O.F., which created the Task Force on Juvenile Sexual Offenders and their Victims (Task Force). The law directed the Governor to appoint up to 12 members to the Task Force, who were to include, but were not limited to: a circuit court judge with at least 1 year's experience in the juvenile division, a state attorney with at least 1 year's experience in the juvenile division, a public defender with at least 1 year's experience in the juvenile division, one representative of the Department of Juvenile Justice, two representatives of providers of juvenile sexual offender services, one member of the Florida Juvenile Justice Association, one member of the Florida Association for the Treatment of Sexual Abusers, and one victim of a juvenile sexual offense. The Governor made appointments satisfying these requirements, except that the Task Force was unsuccessful in finding a member who was a victim of a juvenile sexual offense.⁶

The law also directed the Task Force to make:

- Findings that included, but were not limited to: identification of statutes that address juvenile sexual offenders; a profile of the acts committed by each juvenile placed in juvenile sexual offender programming in this state between July 2000 and June 2005 and an assessment of the appropriateness of those placements based upon the acts committed; identification of community-based and residential commitment programming available for juvenile sexual offenders and an assessment of such programming's effectiveness; and identification of qualifications required for staff who serve juvenile sexual offenders.
- Recommendations that included, but were not limited to: suggestions for the improvement of the state's laws, policies, programs, and funding for juvenile sexual offenders; and identification of criteria that should be satisfied prior to placement of a juvenile in juvenile sexual offender programming.

The Task Force held five meetings and a series of conference calls in 2005 to execute its duties, and it issued a final report of its findings and recommendations on January 18, 2006. This report contained 18 findings with numerous related recommendations in the areas of: (1) Response to Victims; (2) Prevention and Awareness; (3) Evaluation and Assessment; (4) Treatment and Supervision; (5) Legal Issues; and (6) Interagency Collaboration.⁷

The Task Force report identified its priority recommendations as:

- The Legislature should:
 - Reinstate the \$2.4 million that was cut from the community-based sexual offender treatment budget in 2000, in order to make such treatment available in each judicial circuit.
 - Fund a Sexual Abuse Intervention Network in each judicial circuit at an annual cost of \$100,000 per circuit.

⁵ Section 985.231(3), F.S.

⁶ *Juvenile Sexual Offenders and Their Victims: Final Report*, Task Force on Juvenile Sexual Offenders and their Victims, January 18, 2006, p. 5.

⁷ *Id.* at 19-38.

- Require and fund comprehensive psychosexual evaluations by qualified sexual offender practitioners for all juvenile sexual offenders.
 - Amend ch. 985, F.S., to change the term "Juvenile Sexual Offender" to "Juveniles with Sexual Behavioral Problems."
 - Fund long-term counseling services for sexual abuse victims under 18 years of age.
- The DJJ should only contract with qualified sexual offender practitioners for the conduct of psychosexual evaluations.
 - The Secretary of the DJJ should appoint a workgroup to study and make recommendations regarding the reallocation of juvenile sexual offender treatment resources from high-risk residential programs to lower risk residential or community-based programs.⁸

Additionally, Task Force representatives indicated during the presentation on its report at the House Juvenile Justice Committee meeting on February 8, 2006, that the Task Force should be recreated in 2006, as it did not have sufficient time in 2005 to thoroughly complete the duties required by ch. 2005-263, L.O.F. For example, the Task Force was unable to identify and review all laws applicable to juvenile sexual offenders and to make detailed findings and recommendations regarding the criteria that should be satisfied prior to placement in juvenile sexual offender programming.

Effect of bill: The bill implements selected recommendations made by the Task Force by amending:

- *Section 985.03, F.S., to define the terms:*
 - *"Psychosexual evaluation," to mean an evaluation by a qualified sexual offender practitioner, which addresses, at a minimum, a juvenile sexual offender's: (a) account of the incident and the official report of the investigation; (b) sexual development and sexual delinquency history and treatment; (c) behavioral and delinquency history; (d) substance abuse and mental health history and treatment; (e) intellectual, personality, and trauma assessment; (f) physiological assessment if appropriate; (g) family, social, educational, and employment situation; (h) risk for committing a future act of sexual delinquency or physical harm to himself, herself, the victim, or other persons; (i) culpability assessment; (j) diagnosis; and (k) amenability to treatment, including treatment recommendations specific to his or her needs.*
 - *"Qualified Sexual Offender Practitioner" to mean a professional who is eligible to practice juvenile sexual offender therapy under s. 490.0145 or s. 491.0144,⁹ and who: (a) possesses at least 55 hours of post-graduate degree continuing education courses in one or more specified areas¹⁰ and at least 2000 hours of post-graduate degree supervised practice in the evaluation and treatment of persons who have committed sexually delinquent acts; or (b) is directly supervised by a juvenile sexual offender therapist who satisfies the aforementioned education and practice requirements.*

⁸ *Id.* at 3.

⁹ Under ss. 490.0145 and 490.0144, F.S., only a person who is licensed as a psychologist, clinical social worker, marriage and family therapist, or mental health counselor and who possesses education and training requirements specified in rule may practice juvenile sex offender therapy. See Rule 64B19-18.0025 (requiring the following for psychologists: coursework or training in child behavior and development, child psychopathology, and child assessment and treatment and 30 hours training in juvenile sex offender assessment and treatment); and Rule 64B4-7.007 (requiring the following for clinical social workers, marriage and family therapists, or mental health counselors: education and training in child development and psychopathology, developmental sexuality, interaction between sexuality, sexual arousal patterns, sexual dysfunctions, disorders, and deviancy, victim empathy, use/misuse of defense mechanisms, compulsivity management, social resilience, group therapy, and legal, ethical, and forensic issues in juvenile sexual offender treatment, and 20 hours of continuing education every two years in the aforementioned subjects).

¹⁰ The areas of continuing education specified by the bill are: DSM-IV diagnoses related to sexual offenders; etiology of sexual deviance; science-based sexually delinquent evaluation and risk assessment and treatment techniques; use of plethysmographs, visual reaction time, and polygraphs in the evaluation, treatment, and monitoring of juveniles who have committed sexually delinquent acts; evaluation and treatment of special populations; or legal and ethical issues in the evaluation and treatment of juveniles who have committed sexually delinquent acts.

- Sections 985.229 and 985.23(2), F.S., to require the court to order the DJJ to conduct or arrange for a psychosexual evaluation of a juvenile sexual offender; whereas, under current law, a court is authorized, subject to appropriation, rather than required, to order juvenile sexual offender evaluations. Further, the bill specifies that the results and recommendations of the psychosexual evaluation are to be provided to the court: (a) in the offender's predisposition report (PDR), if a PDR is completed; or (b) in writing at least 48 hours prior to the disposition hearing, if a PDR is not completed.
- Section 985.231(3), F.S.,¹¹ to: (a) require a court to consider a juvenile sexual offender's psychosexual evaluation prior to imposition of a community-based juvenile sexual offender treatment program; and (b) repeal current law's description of a comprehensive assessment focused on sexual deviancy, given the more comprehensive definition of "psychosexual evaluation" added by the bill to the chapter's definition section.

The bill also recreates the Task Force on Juvenile Sexual Offenders and their Victims for the period of August 1, 2006 until January 1, 2007, in order to permit it to continue its review of the state's juvenile sexual offender laws. The bill requires the 2006 Task Force to consist of the same membership required for the 2005 Task Force, as described above, except that one member must be a victim advocate, rather than a victim of a juvenile sexual offender. The 2005 Task Force report noted that it made efforts to locate such a victim member, but was unsuccessful.¹²

The bill requires the 2006 Task Force to:

- Review the findings and recommendations contained in the reports of the 1995 Task Force on Juvenile Sex Offenders and Victims of Juvenile Sexual Abuse and Crimes and of the 2005 Task Force¹³ and to identify each recommendation that has not yet been implemented.
- Determine which recommendations remain appropriate for implementation and make additional recommendations, if warranted, for the improvement of the state's laws, policies, programs, and funding for juvenile sexual offenders.
- Submit a report to the Governor and Legislature by January 1, 2007, that: discusses each state law addressing juvenile sexual offenders; specifically identifies statutory criteria that should be satisfied before a juvenile is classified as a sexual offender or placed in sexual offender programming; and sets forth a comprehensive plan for implementation of the Task Force's recommendations, including proposed amendments to statute and modifications of state agency practices and procedures.

Further, the bill requires the DJJ to provide administrative support for the 2006 Task Force and states that Task Force members shall be entitled to reimbursement for travel and per diem expenses under s. 112.061, F.S.

C. SECTION DIRECTORY:

Section 1. Amends s. 985.03, F.S., to create definitions for the terms, "psychosexual evaluation" and "qualified sexual offender therapist."

Section 2. Amends s. 985.229, F.S., to create a new subsection (4) that requires a court to order a psychosexual evaluation for a juvenile sexual offender.

¹¹ The bill also makes technical changes to s. 985.231(3), F.S., so that: (a) the terms, "community-based juvenile sexual offender treatment program" and "offender" are consistently used; and (b) the obsolete term "community supervision" is replaced by the current term "probation."

¹² *Juvenile Sexual Offenders and Their Victims: Final Report* at p. 5.

¹³ The 2005 Task Force report set forth the recommendations of the 1995 Task Force in Appendix II. *Id.* at 43-48.

Section 3. Amends s. 985.23(2)(i), F.S., to require that a juvenile sexual offender's PDR contain an evaluation of the results and recommendations of a psychosexual evaluation.

Section 4. Amends s. 985.231(2), F.S., to conform a cross-reference, and s. 985.231(3), F.S., to require court consideration of a psychosexual evaluation prior to imposition of a community-based juvenile sexual offender treatment program, repeal current law's description of a comprehensive assessment focused on sexual deviancy, and make technical changes.

Section 5. Amends s. 985.31(3) and (4), F.S., to conform cross-references.

Section 6. Amends s. 985.3141(2), F.S., to conform a cross-reference.

Section 7. Creates the Task Force on Juvenile Sexual Offenders and their Victims; specifies membership; specifies duties; requires a report; requires the DJJ to provide administrative support; authorizes reimbursement for travel and per diem expenses; and provides for dissolution.

Section 8. Provides an effective date of July 1, 2006.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None apparent.

2. Expenditures:

Based upon data set forth in the Task Force's report, the estimated fiscal impact for the psychosexual evaluations required by this bill is \$530,000. This figure is based upon a cost of \$1200 per evaluation multiplied by 696 (the number of youth found to have committed felony and misdemeanor sexual delinquency crimes in Fiscal Year 2004-2005) less \$304,500 (the amount that the DJJ had available for juvenile sexual offender evaluations in Fiscal Year 2004-2005).

The bill authorizes members of the Task Force on Juvenile Sexual Offenders and their Victims to receive reimbursement from the DJJ for travel and per diem expenses. Data on the fiscal impact of this authorization has been requested from the DJJ.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None apparent.

2. Expenditures:

None apparent.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None apparent.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable because this bill does not appear to: require the counties or cities to spend funds or take an action requiring the expenditure of funds; reduce the authority that cities or counties have to raise revenues in the aggregate; or reduce the percentage of a state tax shared with cities or counties.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

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A bill to be entitled

An act relating to juvenile sexual offenders; amending s. 985.03, F.S.; defining the terms, "psychosexual evaluation" and "qualified sexual offender therapist"; amending s. 985.229, F.S.; requiring the court to order a psychosexual evaluation for a juvenile sexual offender; specifying requirements for provision of the psychosexual evaluation results and recommendations to the court; amending s. 985.23, F.S.; requiring a predisposition report to include an evaluation of the results and recommendations of a psychosexual evaluation; amending s. 985.231, F.S.; conforming a cross-reference; requiring the court to consider psychosexual evaluation prior to imposition of a community-based juvenile sexual offender treatment program; repealing authorization for a comprehensive assessment of sexually deviant behavior; revising terms to conform; amending s. 985.31, F.S.; conforming cross-references; amending s. 985.3141, F.S.; conforming a cross-reference; creating a task force on juvenile sexual offenders and their victims; providing membership; providing duties; requiring a report; providing for administrative support; authorizing per diem and travel reimbursement; providing for dissolution of the task force; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsections (45) through (60) of section 985.03, Florida Statutes, are renumbered as subsections (47) through

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(62), and new subsections (45) and (46) are added to said section to read:

985.03 Definitions.--As used in this chapter, the term:

(45) "Psychosexual evaluation" means an evaluation by a qualified sexual offender practitioner, which addresses, at a minimum, a juvenile sexual offender's:

(a) Account of the incident and the official report of the investigation.

(b) Sexual development and sexual delinquency history and treatment.

(c) Behavioral and delinquency history.

(d) Substance abuse and mental health history and treatment.

(e) Intellectual, personality, and trauma assessment.

(f) Physiological assessment if appropriate.

(g) Family, social, educational, and employment situation, including identification of the sources of this information.

(h) Risk for committing a future act of sexual delinquency or physical harm to himself, herself, the victim, or other persons.

(i) Culpability assessment.

(j) Diagnosis.

(k) Amenability to treatment, including treatment recommendations specific to his or her needs.

(46) "Qualified Sexual Offender Practitioner" means a professional who is eligible to practice juvenile sexual offender therapy under s. 490.0145 or s. 491.0144, and who:

(a) Possesses at least:

1. Fifty-five hours of post-graduate degree continuing

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59 education courses in one or more of the following areas: DSM-IV
60 diagnoses related to sexual offenders; etiology of sexual
61 deviance; science-based sexually delinquent evaluation and risk
62 assessment and treatment techniques; use of plethysmographs,
63 visual reaction time, and polygraphs in the evaluation,
64 treatment, and monitoring of juveniles who have committed
65 sexually delinquent acts; evaluation and treatment of special
66 populations; or legal and ethical issues in the evaluation and
67 treatment of juveniles who have committed sexually delinquent
68 acts.

69 2. Two thousand hours of post-graduate degree practice in
70 the evaluation and treatment of persons who have committed
71 sexually delinquent acts, which was directly supervised by a
72 professional eligible to practice juvenile sexual offender
73 therapy under s. 490.0145 or s. 491.0144; or

74 (b) Is supervised by a professional who satisfies the
75 requirements of paragraph (a).

76 Section 2. Subsection (4) of section 985.229, Florida
77 Statutes, is created to read:

78 985.229 Predisposition report; other evaluations.

79 (4) Following a delinquency adjudicatory hearing under s.
80 985.228 for a juvenile sexual offender, the court shall order the
81 department to conduct or arrange for a psychosexual evaluation of
82 the offender. The results and recommendations of the psychosexual
83 evaluation shall be:

84 (a) Included in the offender's predisposition report; or

85 (b) Provided to the court in writing at least 48 hours prior
86 to the disposition hearing, if a predisposition report is not
87 ordered in the juvenile sexual offender's case.

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Section 3. Paragraph (i) of subsection (2) of section 985.23, Florida Statutes, is created to read:

985.23 Disposition hearings in delinquency cases.--When a child has been found to have committed a delinquent act, the following procedures shall be applicable to the disposition of the case:

(2) The first determination to be made by the court is a determination of the suitability or nonsuitability for adjudication and commitment of the child to the department. This determination shall include consideration of the recommendations of the department, which may include a predisposition report. The predisposition report shall include, whether as part of the child's multidisciplinary assessment, classification, and placement process components or separately, evaluation of the following criteria:

(i) The results and recommendations of a psychosexual evaluation for a juvenile sexual offender.

At the time of disposition, the court may make recommendations to the department as to specific treatment approaches to be employed.

It is the intent of the Legislature that the criteria set forth in subsection (2) are general guidelines to be followed at the discretion of the court and not mandatory requirements of procedure. It is not the intent of the Legislature to provide for the appeal of the disposition made pursuant to this section.

Section 4. Subsections (2) and (3) of section 985.231, Florida Statutes, are amended to read:

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117 985.231 Powers of disposition in delinquency cases.--

118 (2) Following a delinquency adjudicatory hearing pursuant
119 to s. 985.228 and a delinquency disposition hearing pursuant to
120 s. 985.23 which results in a commitment determination, the court
121 shall, on its own or upon request by the state or the department,
122 determine whether the protection of the public requires that the
123 child be placed in a program for serious or habitual juvenile
124 offenders and whether the particular needs of the child would be
125 best served by a program for serious or habitual juvenile
126 offenders as provided in s. 985.31. The determination shall be
127 made pursuant to ss. 985.03(51) ~~985.03(49)~~ and 985.23(3).

128 (3)(a) Following a delinquency adjudicatory hearing pursuant
129 to s. 985.228 for a juvenile sexual offender, the court, after
130 consideration of the psychosexual evaluation required by s.
131 985.229(4), may on its own or upon request by the state or the
132 department and subject to specific appropriation, determine
133 whether a community-based juvenile sexual offender treatment
134 program would protect placement is required for the protection of
135 the public and what would be the best approach to address the
136 offender's treatment needs of the juvenile sexual offender. When
137 the court determines that a juvenile has no history of a recent
138 comprehensive assessment focused on sexually deviant behavior,
139 the court may, subject to specific appropriation, order the
140 department to conduct or arrange for an examination to determine
141 whether the juvenile sexual offender is amenable to community-
142 based treatment.

143 ~~(a) The report of the examination shall include, at a~~
144 ~~minimum, the following:~~

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145 ~~1. The juvenile sexual offender's account of the incident~~
146 ~~and the official report of the investigation.~~
147 ~~2. The juvenile sexual offender's offense history.~~
148 ~~3. A multidisciplinary assessment of the sexually deviant~~
149 ~~behaviors, including an assessment by a certified psychologist,~~
150 ~~therapist, or psychiatrist.~~
151 ~~4. An assessment of the juvenile sexual offender's family,~~
152 ~~social, educational, and employment situation. The report shall~~
153 ~~set forth the sources of the evaluator's information.~~
154 ~~(b) The report shall assess the juvenile sexual offender's~~
155 ~~amenability to treatment and relative risk to the victim and the~~
156 ~~community.~~
157 (b) (e) The department shall provide a proposed plan to the
158 court that shall include, at a minimum, for the community-based
159 juvenile sexual offender treatment program:
160 1. The frequency and type of contact between the offender
161 and therapist.
162 2. The specific issues and behaviors to be addressed in the
163 treatment and description of planned treatment methods.
164 3. Monitoring plans, including any requirements regarding
165 living conditions, school attendance and participation,
166 lifestyle, and monitoring by family members, legal guardians, or
167 others.
168 4. Anticipated length of treatment.
169 5. Recommended crime-related prohibitions and curfew.
170 6. Reasonable restrictions on the contact between the
171 ~~juvenile sexual offender and either the victim or alleged victim.~~
172 (c) (d) After receipt of the ~~report on the~~ proposed plan
173 under paragraph (b) of treatment, the court shall consider

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whether the community and the offender will benefit from a community-based ~~use of~~ juvenile sexual offender ~~community-based~~ treatment program ~~alternative disposition~~ and consider the opinion of the victim or the victim's family as to whether the offender should receive this ~~a community-based treatment~~ alternative disposition ~~under this subsection~~.

(d) ~~(e)~~ If the court determines that a community-based ~~this~~ juvenile sexual offender ~~community-based~~ treatment program ~~alternative~~ is appropriate, the court may place the offender on probation ~~community supervision~~ for up to 3 years. As a condition of probation ~~community treatment and supervision~~, the court may order the offender to:

1. Undergo available community-based ~~outpatient~~ juvenile sexual offender treatment for up to 3 years. A program or provider may not be used for such treatment unless it has an appropriate program designed for juvenile sexual offender treatment. The department shall not change the treatment provider without first notifying the state attorney's office.

2. Remain within described geographical boundaries and notify the court or the department ~~counselor~~ prior to any change in the offender's address, educational program, or employment.

3. Comply with all requirements of the treatment plan.

(e) ~~(f)~~ The community-based juvenile sexual offender treatment provider shall submit quarterly reports on the offender's ~~respondent's~~ progress in treatment to the court and the parties to the proceedings. The quarterly ~~juvenile sexual~~ offender reports shall reference the treatment plan and include, at a minimum, the following:

1. Dates of attendance.

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203 2. The ~~juvenile-sexual~~ offender's compliance with the
204 requirements of treatment.

205 3. A description of the treatment activities.

206 4. The ~~sexual~~ offender's relative progress in treatment.

207 5. The offender's family support of the treatment
208 objectives.

209 6. Any other material specified by the court at the time of
210 the disposition.

211 (f) ~~(g)~~ At the disposition hearing, the court may set case
212 review hearings as the court considers appropriate.

213 (g) ~~(h)~~ If the ~~juvenile-sexual~~ offender violates any
214 condition of the disposition or the court finds that the ~~juvenile~~
215 ~~sexual~~ offender is failing to make satisfactory progress in
216 treatment, the court may revoke the offender's probation
217 ~~community-based treatment alternative~~ and order commitment to
218 the department pursuant to subsection (1).

219 (h) ~~(i)~~ If the court determines that the ~~juvenile-sexual~~
220 offender is not amenable to a community-based juvenile sexual
221 offender treatment program, the court shall proceed with a
222 juvenile sexual offender disposition hearing pursuant to
223 subsection (1).

224 Section 5. Paragraph (e) of subsection (3) and paragraph
225 (a) of subsection (4) and of section 985.31, Florida Statutes,
226 are amended to read:

227 985.31 Serious or habitual juvenile offender.--

228 (3) PRINCIPLES AND RECOMMENDATIONS OF ASSESSMENT AND
229 TREATMENT.--

230 (e) After a child has been adjudicated delinquent pursuant
231 to s. 985.228, the court shall determine whether the child meets

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the criteria for a serious or habitual juvenile offender pursuant to s. 985.03(51) ~~985.03(49)~~. If the court determines that the child does not meet such criteria, the provisions of s. 985.231(1) shall apply.

(4) ASSESSMENTS, TESTING, RECORDS, AND INFORMATION.--

(a) Pursuant to the provisions of this section, the department shall implement the comprehensive assessment instrument for the treatment needs of serious or habitual juvenile offenders and for the assessment, which assessment shall include the criteria under s. 985.03(51) ~~985.03(49)~~ and shall also include, but not be limited to, evaluation of the child's:

1. Amenability to treatment.
2. Proclivity toward violence.
3. Tendency toward gang involvement.
4. Substance abuse or addiction and the level thereof.
5. History of being a victim of child abuse or sexual abuse, or indication of sexual behavior dysfunction.
6. Number and type of previous adjudications, findings of guilt, and convictions.
7. Potential for rehabilitation.

Section 6. Subsection (2) of section 985.3141, Florida Statutes, is amended to read:

985.3141 Escapes from secure detention or residential commitment facility.--An escape from:

- (2) Any residential commitment facility described in s. 985.03(48) ~~985.03(46)~~, maintained for the custody, treatment, punishment, or rehabilitation of children found to have committed delinquent acts or violations of law; or

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constitutes escape within the intent and meaning of s. 944.40 and is a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

Section 7. Task Force on Juvenile Sexual Offenders and their Victims-

(1) For purposes of this section, the term:

(a) "Department" means the Department of Juvenile Justice.

(b) "Task force" means the 2006 Task Force on Juvenile Sexual Offenders and their Victims.

(2) On or before August 1, 2006, there shall be created a task force to continue the evaluation of the state's juvenile sexual offender laws which was conducted by the 2005 Task Force on Juvenile Sexual Offenders and their Victims, as created in ch. 2005-263, Laws of Florida.

(3) The Secretary of the department shall appoint up to 12 members to the task force, who shall include, but are not limited to: a circuit court judge with at least one year of experience in the juvenile division, a state attorney with at least one year experience in the juvenile division, a public defender with at least one year of experience in the juvenile division, two representatives of the department, one member from the Florida Juvenile Justice Association, two members from providers of juvenile sexual offender services, one member from the Florida Association for the Treatment of Sexual Abusers, and one victim advocate.

(4) The task force shall:

(a) Review the findings and recommendations contained in the final report of the 2005 Task Force on Juvenile Sexual Offenders and their Victims, including the recommendations specified in

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Appendix II of that report, and identify each recommendation that has not yet been implemented.

(b) Determine which recommendations reviewed under paragraph (a) remain appropriate for implementation.

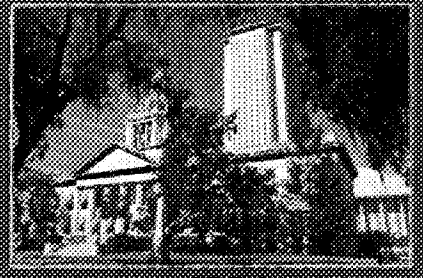
(c) Make additional recommendations, if warranted, for the improvement of the state's laws, policies, programs, and funding for juvenile sexual offenders.

(d) Submit a written report to the Governor and the appropriate substantive and fiscal committees of the Legislature no later than January 1, 2007, that: discusses each state law addressing juvenile sexual offenders; specifically identifies statutory criteria that should be satisfied before a juvenile is classified as a sexual offender or placed in sexual offender programming; and sets forth detailed findings in support of each recommendation under paragraphs (b) and (c) and a comprehensive plan for implementation of these recommendations, including proposed amendments to statute and modifications of state agency rules, practices, and procedures.

(5) The department shall provide administrative support for the task force. Members of the task force shall receive no salary from the state beyond the salary already received from their sponsoring agencies, but shall be entitled to reimbursement by the department for travel and per diem expenses under s. 112.061, Florida Statutes.

(6) The task force shall be dissolved upon submission of its report.

Section 8. This act shall take effect July 1, 2006.



Effective Community Programs Could Reduce Commitments of Girls to Residential Programs

at a glance

As juvenile crime in Florida has declined over the past 10 years, admissions to the state's residential juvenile justice programs also have leveled off. The number of girls admitted to residential programs peaked in 2000-01, and has gradually decreased since then. However, in 2004-05, over half (52%) of girls admitted to residential programs were committed for misdemeanors and violations of probation. Compared to boys, girls were admitted for less serious offenses and had fewer prior felonies. Many girls in juvenile commitment programs had histories of physical abuse, sexual abuse, or neglect, as well as offenses and/or aggressive behavior related to domestic violence.

Community-based programs could increase opportunities to address the family problems that underlie delinquency for many girls, and would cost less than residential placements. There are several evidence-based program models that have been shown to be effective in reducing recidivism for girls that could be implemented or expanded in Florida. Funding for such new programs would need to be shifted from residential programs over time to avoid disrupting existing placement options while the new programs are being established, but \$1.7 million could be shifted from residential programs to establish evidence-based community programs for girls in Fiscal Year 2006-07.

Scope

Chapter 2004-333, *Laws of Florida*, directed OPPAGA to review programs for young females within the Department of Juvenile Justice. This is the third report in this series, and focuses on the offenses resulting in the incarceration of young females and whether these girls could be served in less-costly community-based alternative programs. The two previous reports in this series have examined residential and non-residential programs for girls.¹

Background

Historically, the adult correctional and juvenile justice systems have focused on male offenders. However, the population of female juvenile offenders has increased in recent years. To address issues posed by this trend, Congress required states to assess the adequacy of services, especially for girls, as a condition of receiving federal funds under the reauthorized Juvenile Justice and Delinquency Prevention Act.

¹ Prior reports examined girls in residential programs - *Gender Specific Services for Delinquent Girls Vary Across Programs, But Help Reduce Recidivism*, OPPAGA Report No. 05-13, March 2005; and girls in non-residential programs - *Gender-Specific Services for Delinquent Girls Vary Across Prevention, Detention, and Probation Programs*, OPPAGA Report No. 05-56, December 2005.

To address similar concerns in Florida, the Legislature passed Ch. 2004-333, *Laws of Florida*, which directs that juvenile justice programs be designed to address the needs of each gender. As part of this legislation, the Legislature directed OPPAGA to examine patterns of admissions of girls to residential programs to determine the percentage of girls incarcerated for non-law violations of probation, whether community-based alternative programs meet the gender-specific needs of girls, and whether girls could be better served in less costly community-based programs.

Findings

Our report addresses three questions.

- What is the recent trend in admissions to residential juvenile justice programs?
- What offenses have girls committed who are admitted to residential juvenile justice programs?
- Are there viable community alternatives to residential commitment for girls?

What is the recent trend in admissions of girls to residential juvenile justice programs?

Juvenile crime in Florida has declined dramatically over the past 10 years. Admissions to the state's residential juvenile justice programs also have leveled off. The number of admissions to these programs peaked in 1999-00 for boys and in 2000-01 for girls. As shown in Exhibit 1, admissions gradually have decreased since then for both genders.

Exhibit 1 Admissions to Residential Juvenile Justice Programs Are Slowly Decreasing

Fiscal Year	Admissions	
	Girls	Boys
1999-00	1,555	8,440
2000-01	1,685	8,063
2001-02	1,643	7,309
2002-03	1,606	7,257
2003-04	1,506	7,032
2004-05	1,455	6,898
% Change	-6%	-18%

Source: Department of Juvenile Justice.

What offenses have girls committed who are admitted to residential juvenile justice programs?

Girls are more likely to be admitted to residential commitment programs for less serious offenses than are boys, as shown in Exhibit 2. In 2004-05, 16% of girls were committed to residential programs for non-law violations of probation such as staying out after curfew and not attending school, and 36% were committed for misdemeanors, compared to 9% and 25% for boys, respectively.²

Exhibit 2 A Higher Percentage of Girls Than Boys Are Admitted for Less Serious Offenses

Admissions Reason	Girls			Boys		
	02-03	03-04	04-05	02-03	03-04	04-05
Felony	42%	42%	44%	61%	60%	63%
Misdemeanor	32%	34%	36%	23%	25%	25%
Non-Law Violation of Probation	22%	20%	16%	13%	12%	9%
Other ¹	4%	4%	4%	2%	3%	3%
Total	1,572	1,487	1,414	7,114	6,892	6,712

¹ Other includes cases reopened, transferred, or pick-up orders where the original offense is unknown; violations of municipal ordinance, non-felony traffic, or federal charges.

Source: Department of Juvenile Justice.

Further, girls tend to have less extensive histories of serious offenses than do boys. As shown in Exhibit 3, over one-half (59%) of the boys admitted to residential programs in 2004-05 had repeated felony convictions, compared to only about a third (35%) of the girls. Also, 21% of the girls had no prior felony adjudications or recent felony charges compared to 9% of the boys.

² Our 2003 review of juvenile justice commitment programs noted that the number of youth admitted to residential programs for non-law violations of probation had increased over the prior four-year period. This trend has been reversed now, and admissions to residential programs for these offenses declined over Fiscal Years 2003-04 and 2004-05 for both boys and girls. However, misdemeanor admissions for girls have continued to increase as a percentage of total admissions, as shown in Exhibit 2.

Exhibit 3**Most Boys in Commitment Are Repeat Felons, While Most Girls Are One-Time or Non-Felons¹**

Felony History	Girls	Boys	Total
Repeat Felon	35%	59%	4,463
One-Time Felon ¹	44%	32%	2,776
Non-Felon	21%	9%	886
Total Youth Admitted	1,414	6,711	8,125

¹ One-time felons are those who had one felony adjudication or a felony charge associated with, or within one year prior to, the admission, or had a second misdemeanor assault and battery adjudication, which could be counted as a felony.

Source: OPPAGA analysis of DJJ data.

However, of the non-felons admitted for misdemeanors or non-law violations of probation in Fiscal Year 2004-05, similar percentages of both boys and girls had misdemeanor assault and battery adjudications. Of the youth admitted for a non-law violation or a misdemeanor with no prior felonies, 39% of the girls had misdemeanor assault and battery adjudications, compared to 36% of boys, as shown in Exhibit 4.

Exhibit 4**Comparable Percentages of Girls and Boys With No Felony History Had Assault and Battery Adjudications**

Misdemeanor History	Gender	
	Girls	Boys
One assault and battery adjudication	39%	36%
No assault and battery adjudications	61%	64%
Non-Felons¹ Admitted for a Misdemeanor or Non-Law Violation of Probation	291	595

¹ Non-felons had no felony adjudications or felony charges associated with, or within one year prior to, the admission, and no second misdemeanor assault and battery adjudication which could be counted as a felony.

Source: OPPAGA analysis of DJJ data.

The nine counties with the highest number of girls committed for misdemeanors or non-law violations of probation in both Fiscal Years 2003-04 and 2004-05 were Duval, Hillsborough, Pinellas, Palm Beach, Dade, Polk, Pasco, Escambia, and Volusia. In these counties in Fiscal Year 2004-05, 95 girls were committed for non-law violations of probation and 260 girls

were committed for misdemeanors, as shown in Exhibit 5.

Exhibit 5**Girls' Admissions for Misdemeanors and Non-Law Violations Are Highest in Nine Counties**

County	Misdemeanors	Non-Law Violations	Both
Duval	54	7	61
Hillsborough	32	16	48
Pinellas	27	20	47
Palm Beach	33	7	40
Dade	27	11	38
Polk	37	1	38
Pasco	16	16	32
Escambia	19	7	26
Volusia	15	10	25
Total	260	95	355

Source: OPPAGA analysis of DJJ data.

One factor affecting the admission of youth to residential programs for less serious violations is that the department's treatment services are concentrated in its residential programs. Our 2003 review of the department found that many delinquency judges consider treatment resources in their communities to be inadequate. As a result, judges may commit delinquents to residential programs in order to obtain services that are not available in their communities.³

Are there viable community alternatives to residential commitment for girls?

The Legislature could achieve savings by reducing beds in residential delinquency programs and creating community treatment programs for at-risk girls. Such community-based programs provide services to address the family problems that underlie delinquency for many girls and generally cost less than residential commitment programs. However, funding for such new programs would need to be shifted from residential programs over time to avoid disrupting existing placement options while the new programs are being established.

³ *More Youth Are Admitted for Less Serious Offenses, in Part to Meet Treatment Needs*, OPPAGA Report No. 03-76, December 2003.

Most delinquent girls in juvenile residential commitment programs have histories of abuse and neglect. Our review of the histories of a sample of 90 girls in these programs showed that 68% had histories of physical or sexual abuse or neglect; 71% had diagnosed mental health disorders; and 36% had aggressive behavior or charges known to be related to domestic violence, as shown in Exhibit 6.

Exhibit 6 Girls in Juvenile Residential Facilities Have High Rates of Abuse and Mental Health, Substance Abuse, and School Problems

Family Factors	Percentage (N = 90)
Parental control inadequate or limited	90%
Physical or sexual abuse or neglect	68%
Dysfunctional family	57%
Aggressive behavior or charges related to domestic violence	36%
Mental Health	
Diagnosed mental health problem	94%
Conduct disorder and behavior disorders	84%
Mental health problems other than conduct and behavior disorders	71%
Currently on psychotropic medication	48%
Drug or alcohol abuse or dependency	43%
Major depression and other mood disorders	42%
Post-traumatic stress disorder	6%
At-Risk Behaviors	
Primarily negative peers	84%
Physical aggression	73%
History of running away from home	58%
Chronic tardiness or truancy from school	49%
History of suspensions and expulsions	49%
Suicidal threats or attempts	40%
Self-mutilation	27%

Source: OPPAGA analysis of data obtained through interviews with program therapists or case managers for a statistically valid random sample of 90 girls in residential commitment programs.

National research has shown that community-based alternatives to residential placement can effectively address these risk factors. These studies have generated a consistent body of knowledge about the characteristics of programs that are effective in reducing juvenile recidivism.⁴ These characteristics include a focus on developing communication and

relationship skills and dealing with family problems, which make these programs particularly appropriate to the needs of delinquent girls.

We assessed four evidence-based community treatment program models that the Legislature could fund to divert girls from residential delinquency programs. These are

- expanding the Redirection Program;
- establishing a pilot program to serve girls with self-destructive and aggressive behaviors, mood disorders, or substance abuse problems;
- combining PACE with Dialectical Behavior Therapy to serve girls with school problems and intensive mental health needs; and
- establishing a project for girls with intensive mental health and abuse-related problems.

As shown in Exhibit 7, these programs would have lower costs than the residential programs currently serving comparable populations. Large cost savings could be realized over time as girls are diverted from residential to community programs; however, funding would need to be shifted over a multi-year period to avoid disrupting existing placement options while the new programs become operational.

Exhibit 7 Community Alternatives Would Have Lower Costs Than Current Residential Programs

Potential Treatment Models	Cost per Girl
Expanded Redirection Program	\$ 8,400
Family Integrated Transitions Program	9,900
Low-Risk Commitment	11,186
PACE with Dialectical Behavior Therapy	16,373
MultiSystemic Therapy Specialized Mental Health and Abuse Treatment	20,170
Moderate-Risk Commitment	
Non-special needs ¹	21,077
Special needs beds ²	32,806
High-Risk Commitment	50,160

¹Medicaid-funded (BHOS) and basic care and custody

²State-funded overlay (MHOS) and specialized treatment beds

Source: OPPAGA analysis of DJJ data.

⁴ While many of these studies examined programs for delinquent males, studies show each recommended program is effective for female delinquents.

Alternative 1: Expand the Redirection Program. In this option, the Legislature would expand the Redirection Program to serve youth who are at risk of residential commitment for a misdemeanor; appropriate youth with prior violent crimes also could be included. The Redirection pilot project was funded by the 2004 Legislature to serve youth who violated probation and otherwise would have been sent to a residential commitment program. It provides community-based delinquency sanctions and treatment services. The Redirection project had served 283 youth as of January 1, 2006, and appears to have reduced residential admissions for non-law violations of probation in the counties where it was initially implemented. The pilots are located in Dade, Broward, Escambia, Pinellas, Hillsborough, Brevard, Orange, Seminole, and Osceola counties.

Youth in the Redirection Program receive either Multisystemic Therapy or Functional Family Therapy. These therapy models have been identified as Blueprint Programs for Violence Prevention by the U.S. Office of Juvenile Justice and Delinquency Prevention, meaning that they have the highest level of experimental research showing sustained reductions in recidivism for serious and violent offenders compared to residential treatment programs. The programs provide therapy in the home, and focus on helping parents implement more effective ways to communicate with, monitor, and discipline their adolescent children. National research has shown that these approaches are effective in reducing recidivism for delinquent females as well as males.

The proviso establishing Redirection currently excludes youth from the program who are being committed to residential programs for misdemeanors, as well as youth with a prior charge for a violent misdemeanor or felony.⁵ State prosecutors, judges, and probation officers in circuits where Redirection has been

implemented assert that the program should be expanded to serve appropriate youth who now are being sent to residential programs for misdemeanors or have a prior violent crime. These stakeholders argue that since youth adjudicated for violent felony offenses can be served in the community on probation, youth who have been committed for less serious offenses should not be excluded from the Redirection Program based on their prior criminal history.

Roughly two-thirds of girls in commitment programs have experienced abuse or neglect and over a third have experienced domestic violence, and a high percentage of committed girls with such histories exhibit aggressive behavior.⁶ Prosecutors and judges have observed that Multisystemic Therapy and/or Functional Family Therapy would be appropriate for such girls who have committed assault and battery offenses, particularly related to fights at school or domestic violence. These therapies address violent behavior by teaching youth and families better skills for communication, problem-solving, anger management and conflict resolution. The therapies also teach parents how to use systematic monitoring, reward, and discipline systems to increase their child's involvement in supervised activities with positive rather than violent peers. Since Multisystemic Therapy is a more intensive treatment than Functional Family Therapy, the department considers it the treatment of choice for youth with more severe behavioral or mental health problems.

The department could use its new risk assessment instrument to determine which youth, including violent youth, are appropriate for an expanded Redirection Program and other evidence-based community programs. The department has recently begun using a nationally recognized and validated risk assessment instrument that measures 12 dimensions of recidivism risk, including aggressive behavior. Validated risk

⁵ The proviso states "Youth who have been adjudicated or convicted of a violent crime or first degree felony, or otherwise have a criminal history of such offenses, shall not be eligible for placement into the pilot project."

⁶ *Gender Specific Services for Delinquent Girls Vary Across Programs, But Help Reduce Recidivism*, OPPAGA Report No. 05-13, March 2005. Of girls with known histories of abuse and domestic violence, 82% exhibited aggressive behavior, compared to 18% of girls without such histories.

assessments include other factors in addition to criminal history that could give better information to assist judges and prosecutors in making placement decisions than relying on criminal history alone. This would be useful because crime categories cover a wide range of behaviors and risk levels, so eligibility criteria based only on categories of current and previous crimes can be misleading. For example, a misdemeanor assault and battery charge may reflect a fight at school, an inappropriate response to abuse, or a serious problem of potentially violent behavior.

In Fiscal Year 2004-05, in the nine counties where the Redirection Program is available, 55 girls were committed to residential programs for misdemeanors who otherwise met Redirection eligibility criteria, and an additional 149 girls with prior violent histories were committed because they were excluded from the Redirection Program.⁷ When the Redirection Program provides Multisystemic Therapy, the cost is \$8,400 per child. If eligibility were expanded to include misdemeanants and girls with prior violent histories, and 50 of the 204 girls were determined through screening to be suitable for the program, the cost of providing Multisystemic Therapy for these 50 additional girls would be \$420,000.

Alternative 2: Create a pilot project for girls with self-destructive and aggressive behaviors, mood disorders, and substance abuse. The Family Integrated Transitions Program developed by the Division of Public Behavioral Health and Justice Policy at the University of Washington has been shown to reduce recidivism and address risk factors for girls, including family problems and co-occurring mental health and substance abuse disorders. This program combines several evidence-based model programs, including Dialectical Behavior Therapy and Multisystemic Therapy. The program works with families in their homes as well as working directly with youth.

Using this model to create a pilot program in Florida would provide an alternative to residential placement for girls who have committed non-law violations or misdemeanors. The developers of the Washington state program estimate that a Florida program that serves 32 youth would cost \$9,900 per girl for a total cost of \$316,800. This would include funding for three therapists, a case manager, staff training, and ongoing oversight services to ensure that the model is implemented as designed. This oversight is important as research has shown that training and ongoing monitoring and evaluation by experts in the treatment model being implemented is critical to the effectiveness of evidence-based programs.

Alternative 3: Combine PACE with Dialectical Behavior Therapy. Another option would be for PACE to provide day treatment and Dialectical Behavior Therapy (DBT) for girls who are now being sent to commitment for non-law violations and misdemeanors. PACE has gained recognition nationally and in Florida as an exemplary gender-specific day treatment program for girls at risk of delinquency. However, because PACE has been primarily a prevention program, it has not been evaluated in controlled studies to determine its effectiveness in reducing recidivism. The PACE program's emphasis on counseling, relationships, self-esteem, empowerment of girls, and case management makes it compatible with a therapeutic program such as Dialectical Behavior Therapy that has been shown to reduce recidivism for delinquent girls.

PACE administrators propose implementing a program to serve 30 girls at risk of commitment in Duval, Escambia, and Pinellas counties. Because PACE also serves girls in delinquency prevention in a school setting, these administrators believe that girls with mental health and school problems but no violent offense history would be appropriate for this program. As the cost per girl including PACE day treatment and DBT counseling, training, and model adherence services, is estimated at \$16,373 per girl, the cost of serving 30 girls

⁷ In counties with a current Redirection Program, 42 girls who were committed for non-law violations and 107 girls who were committed for misdemeanors had histories of violent offenses.

would be \$491,205. As in Option 2, such a pilot project should include staff training and ongoing monitoring to ensure that staff appropriately implements Dialectical Behavior Therapy.

Alternative 4: Pilot a project for girls with mental health and abuse issues. As a fourth option, the Legislature could direct the department to implement a community-based program that works with families to address girls' multiple risk factors related to abuse and mental health problems. This pilot could use the Multisystemic Therapy model, which has been shown to result in sustained reductions in recidivism and violent offending. The developers of MST at the Medical University of South Carolina are currently piloting a more intensive adaptation of this model designed to address mental health and physical abuse problems similar to those found among girls in residential commitment programs in Florida. This pilot could be replicated in Florida to serve girls with mental health needs and/or abuse histories that are at risk of commitment for non-law violations of probation or misdemeanor charges.

This model has an estimated cost of \$20,170 per girl, including staff training and ongoing monitoring and technical assistance. This would be a slightly lower cost than the estimated \$21,007 cost of placing girls in non-special needs moderate-risk residential commitment beds. However, the program also could provide a community treatment alternative for girls with intensive mental health problems who are currently served in moderate-risk special needs programs at a cost of \$32,806 per girl. The cost of a pilot project serving 24 girls would be \$484,080.

Over the long term, pilot projects could be funded with savings from residential programs, but this would need to be phased in over several years. During the last decade the department experienced a shortage of residential commitment programs for girls and waiting lists for these placements due to increased commitments of girls to residential juvenile justice programs. This problem has been ameliorated by declining admissions and

legislative funding of additional residential beds for girls, and it appears that the number of beds currently funded is generally adequate to meet demand in programs for girls. The department did experience an increase in waiting lists for residential girls' placements in Fiscal Year 2004-05 due to closings of several large girls' programs over the past year and the resultant loss of a large number of beds.⁸ As the beds from the closed programs are rebid and become operational again, this problem should be resolved.

In previous years, the Legislature has funded community alternatives to residential commitment programs by reducing the number of beds in commitment programs. If the Legislature decides to create additional community alternative programs, we recommend that it phase in this reduction and cut excess capacity in commitment programs rather than immediately reduce bed capacity by the number of girls that could be served in new community programs. This would allow the department to manage the transition to community programs, which require start-up time and funding to train staff and become operational. As the new community programs become operational over coming years, additional vacancies in residential programs will occur, allowing additional residential beds to be reduced.

A conservative approach would be to plan for approximately 94% utilization of residential commitment beds.⁹ Since commitments of girls have declined in recent years, there are approximately 50 beds beyond a 6% reserve. If the Legislature reduced residential commitment beds by 44 non-special needs moderate-risk beds and 6 high-risk beds in Fiscal Year 2006-07, it would generate \$1.7 million in savings, which could then be

⁸ In Fiscal Year 2004-05, for example, two major girls' programs, Kingsley Youth Academy and Florida Institute of Girls, which together account for 14% of funded beds for girls, closed.

⁹ In Fiscal Year 2004-05, just under 5% of girls' commitment beds were reserved for girls awaiting placement when the beds were vacated. Maintaining a 3% reserve beyond this level would allow for fluctuations in population and allow the department to close programs that are not working and move children to more successful programs without a significant delay.

reinvested to support all of the recommended pilot projects to serve girls in evidence-based projects in the community.¹⁰

As the new community-based programs become fully operational, the Legislature could cut additional beds from residential commitment programs as girls are diverted from these programs and vacancies occur. This would generate considerable savings in future years.

Recommendations

To provide funding to establish community-based programs for girls, we recommend that the Legislature consider eliminating 50 beds in girls' moderate and high risk residential programs and reallocate the associated \$1.7 million to programs for girls that research has shown to be effective, including Redirection, Family Integrated Transitions, a joint project between PACE and Dialectical Behavior Therapy, and an intensive MST-Mental Health/MST-Children of Abuse and Neglect project.

These pilots should be located in the counties that are currently funded to provide the Redirection Program—Dade, Broward, Escambia, Pinellas, Hillsborough, Brevard, Orange, Seminole, and Osceola counties, or in other counties with the highest number of girls being committed for a misdemeanor or a non-law violation of probation—Polk, Volusia, Duval, and Palm Beach. Additional savings would accrue in future years when the community-based programs become fully operational and divert girls from more expensive residential placements.

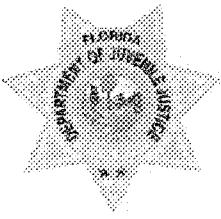
Agency Response

In accordance with the provisions of s. 11.51(6), *Florida Statutes*, a draft of our report was submitted to the Secretary of the Department of Juvenile Justice for review and response.

The Secretary's written response is reproduced in its entirety in Appendix A.

¹⁰ In 2004-05, 13% of beds occupied by girls committed for misdemeanors and non-law violations of probation were in low-risk programs, 77% were in moderate-risk programs, and 10% were in high-risk programs. If a 50-bed cut were distributed proportionally among moderate and high-risk programs, it would affect 44 beds in moderate-risk programs, and 6 beds in high-risk programs.

Appendix A



FLORIDA DEPARTMENT OF JUVENILE JUSTICE
Jeb Bush, Governor Anthony J. Schembri, Secretary

February 10, 2006

Ms. Kathy McGuire, Deputy Director
Office of Program Policy Analysis and
Government Accountability
The Pepper Building
Tallahassee, Florida 32399

Dear Ms. McGuire:

Thank you for the opportunity to respond to your report entitled "Effective Community Programs Could Reduce Commitments of Girls to Residential Programs," dated February 2006. Like you, I am excited about the results of nationally recognized, evidence-based programs and am eager to put these programs for delinquent girls to use.

While the Department of Juvenile Justice cannot predict judicial dispositional practices, I agree that today's committed youth are generally less serious in terms of the seriousness and chronicity of offenses. This presents an excellent opportunity for us to increase the availability and variety of community-based programs as alternatives to commitment. The Department supports additional flexibility in our budget to facilitate the development of these new programs.

Our experience with evidence-based programs, such as Redirection and Multidimensional Treatment Foster Care, teaches us that these programs require a reasonable time and expense for implementation. While fixed costs for community-based programs can often be borne by a provider and recouped in a normal per diem, the exceptional costs of training associated with evidence-based programs makes a start-up period essential. I appreciate your efforts to discuss this in your report.

I also concur with your recommendations to expand eligibility criteria for the Redirection program. I agree that a number of youth continue to be committed for minor offenses who could be effectively treated within the community. Your recommendation is consistent with the advice the Department has received from stakeholder groups in the redirection pilot areas.

2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850

The mission of the Department of Juvenile Justice is to protect the public by reducing juvenile crime and delinquency in Florida.

Kathy McGuire
February 8, 2006
Page 2 of 2

Your research on this topic will be an advantage to both the Department and the Florida Legislature in formulating informed opinions. I look forward to working on these exciting and innovative programs for our girls.

Sincerely,



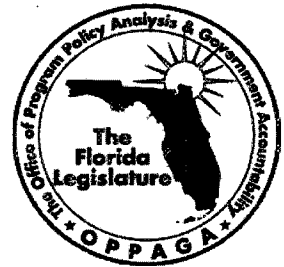
Anthony J. Schembri
Secretary

AJS/pcc/lat

cc: Mary Eubanks, Inspector General
Darryl Olson, Assistant Secretary, Probation and Community Corrections
Charles Chervanik, Assistant Secretary, Residential Services

The Florida Legislature

Office of Program Policy Analysis and Government Accountability



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- Florida Government Accountability Report (FGAR) is an Internet encyclopedia of Florida state government. FGAR offers concise information about state programs, policy issues, and performance.
- Best Financial Management Practices Reviews of Florida school districts. In accordance with the *Sharpening the Pencil Act*, OPPAGA and the Auditor General jointly conduct reviews to determine if a school district is using best financial management practices to help school districts meet the challenge of educating their students in a cost-efficient manner.

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Project supervised by Kathy McGuire (850/487-9224)

Project conducted by LucyAnn Walker-Fraser (850/487-9168), Jason Gaitanis, and Rashada Houston

Gary R. VanLandingham, OPPAGA Director



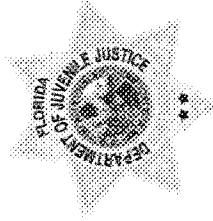
Florida Department of Juvenile Justice

What Works Initiative

Steven F. Chapman, Ph.D.
Office of Research and Planning

What Works Initiative Projects

- What Works Residential Pilot Project
- PACT Risk/Needs Assessment
- Faith and Community-Based Treatment
- Trauma-Informed Care Project
- Re-Direction
- EBT in Day Treatment and Aftercare.

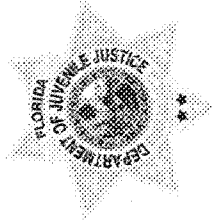


2

The DJJ ‘What Works Strategy’

Don Andrews and Paul Gendreau

- **Risk Principle:** Target high-risk offenders.
- **Need Principle:** Treat risk factors associated with offending behavior.
- **Treatment Principle:** Employ evidence-based treatment approaches.
- **Responsivity Principle:** Tailor treatments to meet special needs.
- **Fidelity Principle:** Monitor implementation quality and treatment fidelity.



DJJ Research
And Planning

Central Concepts

- Assessment of Risk, Need and Responsivity
- Evidence-Based Treatment



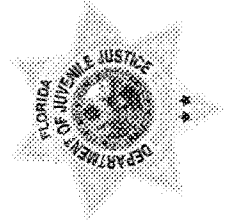
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DJJ Research
And Planning

Assessment of Risk/Need

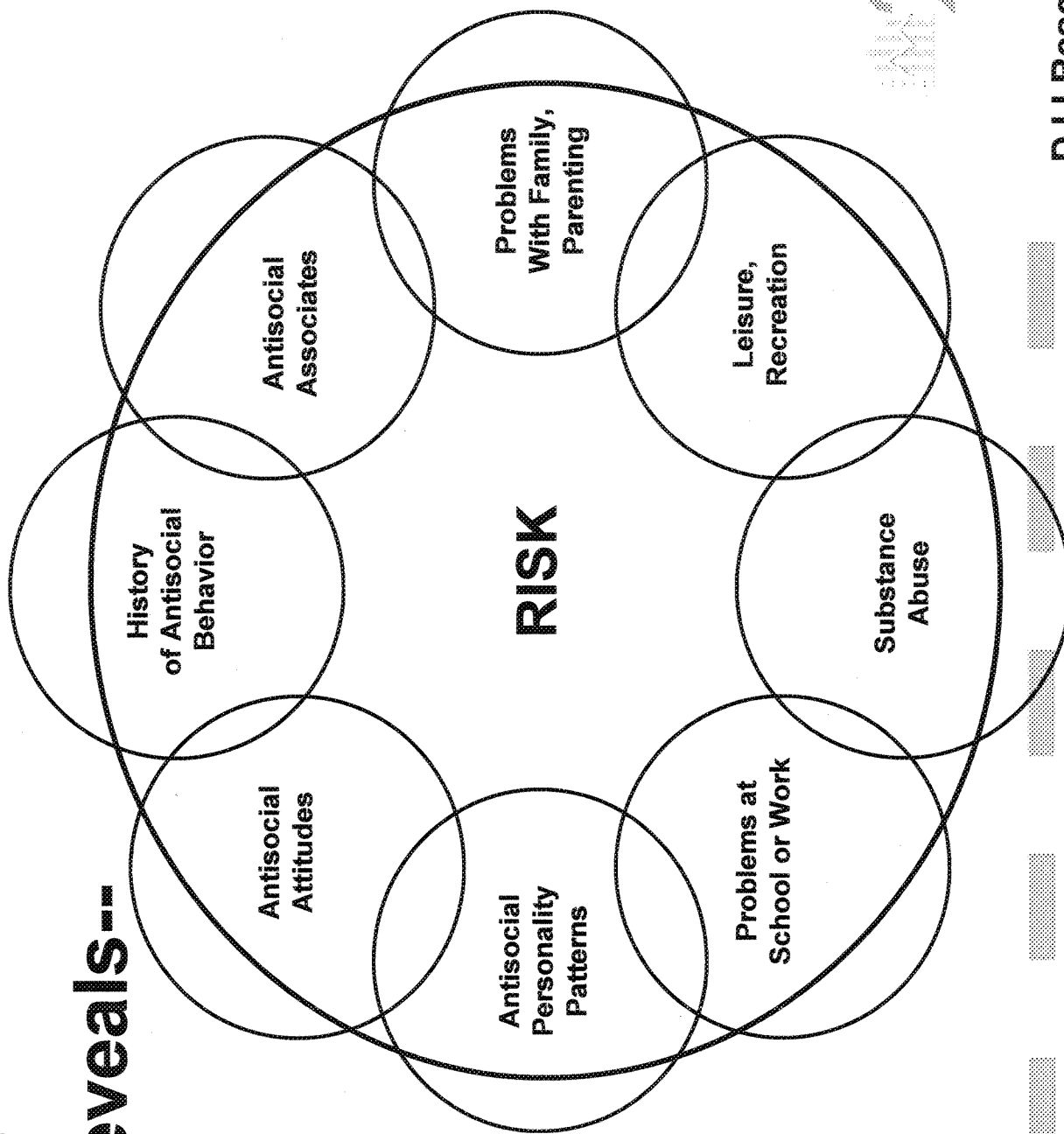
Factors within the individual or environment
associated with re-offending behavior.

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DJJ Research
And Planning

40 years of research reveals--



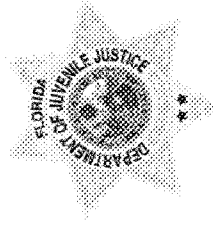
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DJJ Research
And Planning

Development of Classification

- First Generation: Clinical Judgment, ‘Gut Feelings’.
- Second Generation: Actuarial, Based on Static Predictors (Burgess Scale and Others).
- Third Generation: Actuarial, Based on Static and Dynamic Predictors.
- Fourth Generation (?): Actuarial, Based on Static, Dynamic, Protective and Responsivity Factors.

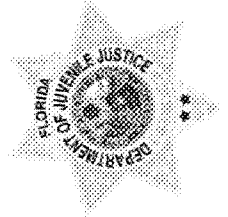


Clinical vs Actuarial Assessment

Meta-Analysis:

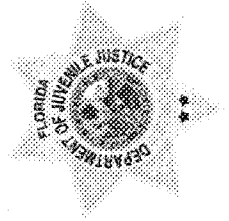
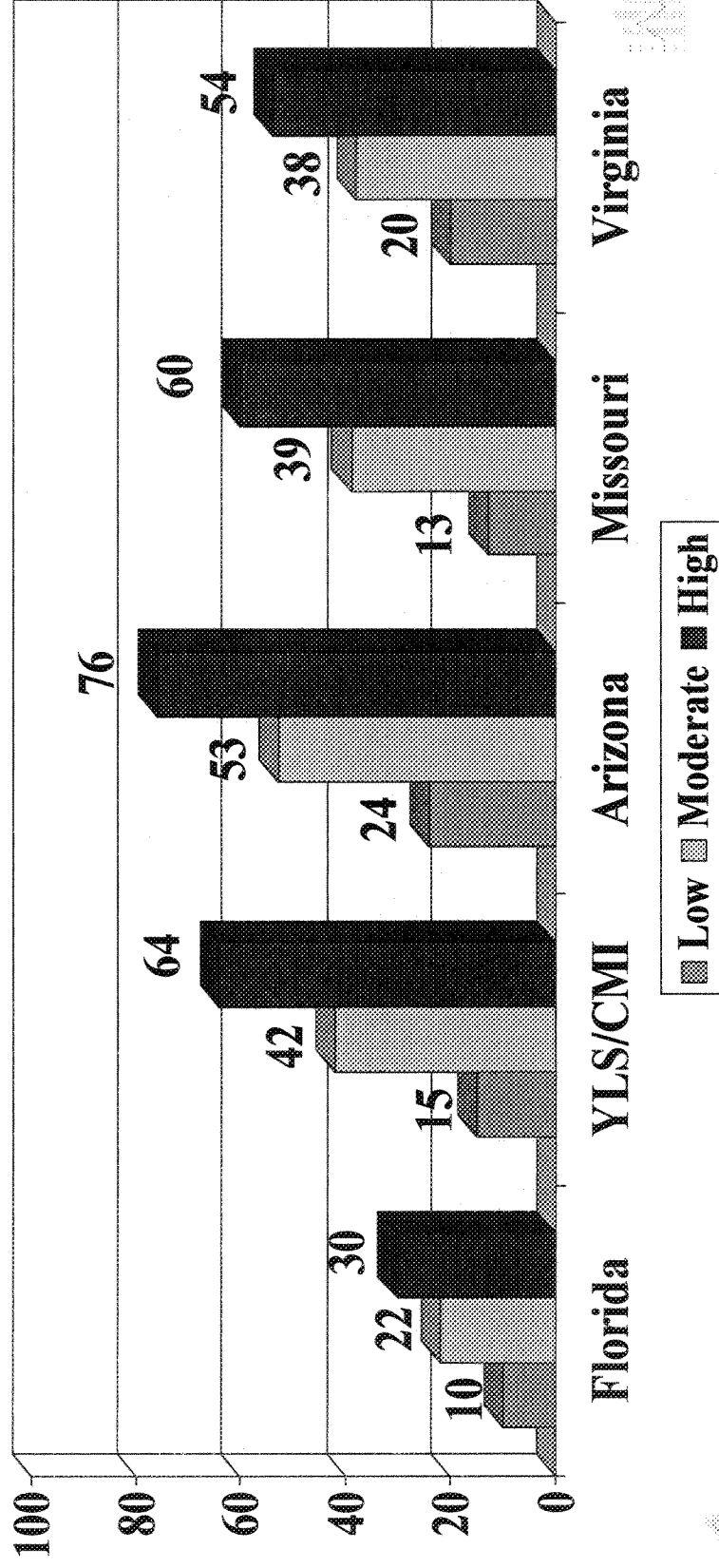
Risk Assessment Correlation with Recidivism

Study	Criterion	Clinical	Actuarial
Bonta et al. (1998)	General		
	Recidivism	$r = .03$	$r = .39$
	Violent	$r = .09$	$r = .30$
	Recidivism		
Hanson & Bussierre, (1998)	Sexual		
	Recidivism	$r = .11$	$r = .42$



Actuarial Risk Predicts Recidivism

Recidivism by Risk

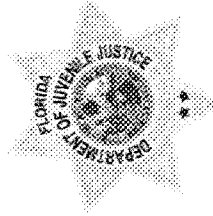


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Characteristics of Risk Factors

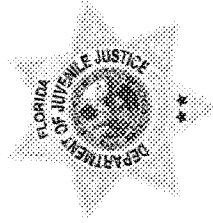
- Static (Risk) versus Dynamic (Needs)
 - Static factors cannot be changed: criminal history, age, family structure, etc.
 - Help establish likelihood of re-offending (Risk).



2

Characteristics of Risk Factors

- Static (Risk) versus Dynamic (Needs)
 - Dynamic factors, or *criminogenic needs*, can be changed through treatment and aftercare.
 - Some dynamic factors (Needs) lend themselves to residential treatment, other factors must be dealt within the community or at home.



2

Major Dynamic Risk Factors

- Antisocial attitudes, beliefs and values.
- Antisocial peers and isolation from pro-social peers.
- Temperamental and personality factors.
- History of antisocial behavior.
- Family issues.
- Low levels of personal educational, vocational or financial achievement.

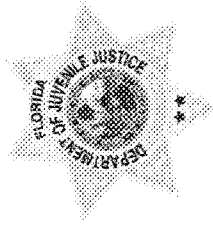


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Weak Predictors of Continuing Offending Behavior

- Lower class origins
 - Poor neighborhoods
 - Parental SES
- Personal distress
 - Low self-esteem
 - Depression
 - Mental disorders
- Biological/neuropsychological indicators

2



Responsivity and Resilience

Factors

- Responsivity: Factors within individuals or the environment that do not predict re-offending, but constitute ‘roadblocks’ to treatment.
- Resilience: Factors that decrease the effects of risk factors and increase the likelihood of desistance.

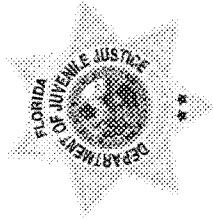
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DJJ ‘What Works’ Strategy: Targeting High-Risk Offenders

- Treating high-risk youth gives the greatest reduction in re-offending behavior.
- Avoid mixing high- and low-risk youth.
- Matching levels of treatment services—intensity and duration—to the risk level of the offender.



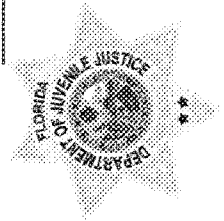
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Targeting High-Risk Offenders

Risk Level and Treatment Recidivism Outcomes

Study	Risk Level	Level of Treatment	
		Minimal	Intensive
O'Donnell et al. (1971)	Low	.16	.22
	High	.78	.56
Baird et al. (1979)	Low	.03	.10
	High	.37	.18
Andrews & Kiessling (1980)	Low	.12	.17
	High	.58	.31
Bonta et al. (2000)	Low	.15	.32
	High	.51	.32



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2

Matching Offenders to Appropriate Treatment

- Assessment should point to specific categories of high or low risk.
- Assessment should reveal roadblocks to treatment.
- Assessment should provide enough variability to show change between admission and release in specific areas.
- Assessment should provide direction for aftercare services.



2

Central Concept: Evidence-Based Treatment

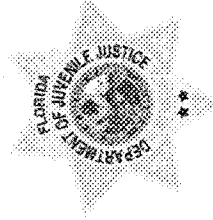


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Correctional Quackery (LaTessa)

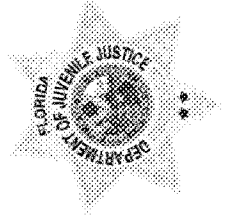
- Offenders lack:
 - Creativity
 - Discipline
 - Organizational skills
 - High self-esteem
- Need to get back to nature
- Need Oatmeal Pies and Tai Chi
- Need a pet
- Males need to get in touch with “feminine” side
- Females need to learn how to apply makeup
- Need “sweat lodges”
- Need to be treated like babies and dress them in diapers



2

Avoid What *Doesn't* Work

- “Talking cures”
- Drug Education
- Shock Incarceration
- Self-Esteem
- Shaming
- Positive Relationship with the Offender
- Intensive Supervision
- Self Actualization
- Targeting Non-Crime Producing Needs

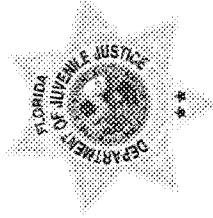


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To Be Considered

'Evidence-Based'

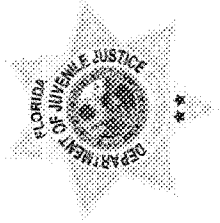
- The treatment or practice must have scientific evidence from at least two rigorous evaluations that measure outcomes, and it must be a program capable of application or replication in the real world with similar results.



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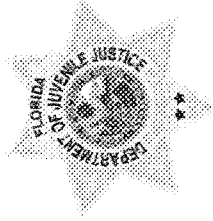
What Works Treatments

- Behavioral approaches, including cognitive-behavioral treatment, RET, aggression replacement therapy, problem solving
- Family-centered approaches, including FFT and MST
- Social Learning--Modeling
- Sex Offender and Dual-Diagnosis programs



Behavioral Therapies

- Behavior Modification
- Cognitive-Behavioral Therapy
- Rational-Emotive Therapy
- Aggression Replacement Training
- Cognitive Restructuring
- Problem-Solving
- Self-Control Skills



42

Family Interventions

- Functional Family Therapy
- Multisystemic Therapy
- Home-Based Behavioral Systems Family Therapy
- Therapeutic Foster Homes
- Multi-Dimensional Therapeutic Foster Care
- Brief Strategic Family Therapy
- Multi-Dimensional Family Therapy
- Family Effectiveness Training

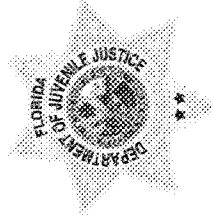
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Social Learning Treatment:

Modeling

- Anti-Criminal Modeling
- Skills Development
- Mentoring



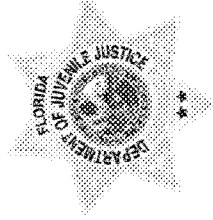
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Implementation Issues:

How do we tell the practice is competent?

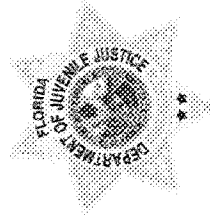
- Treatment Fidelity—Follow a curriculum
- Completion based on acquisition of skills
- Employees must be trained and skilled
- Observational Standards for MST, FFT and for Thinking for a Change Curriculum
- WSIPP Experience



2

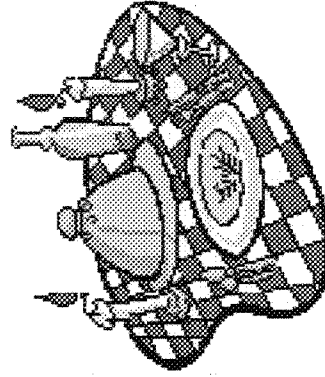
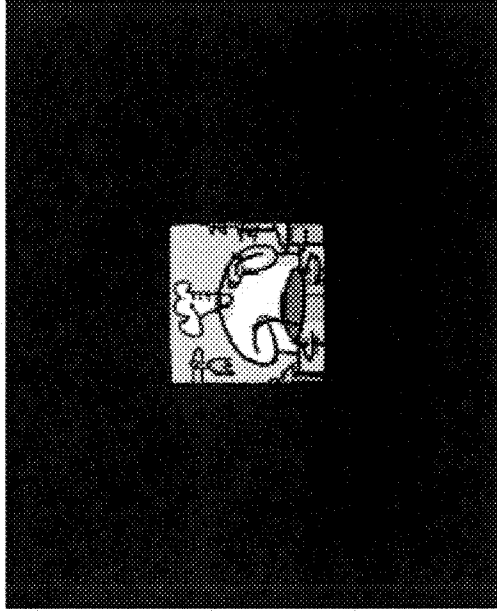
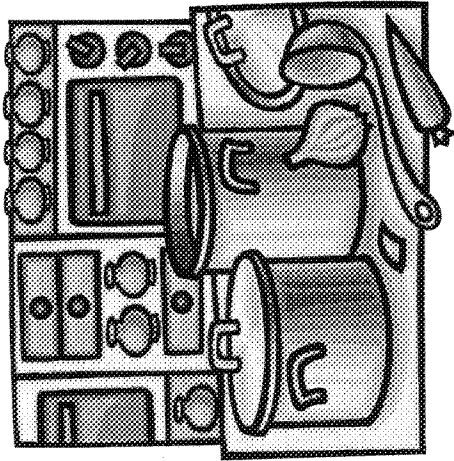
Accountability

- Three measures of program effectiveness and quality are now provided:
 - Annual Quality Assurance Report.
 - Outcome Evaluation Report.
 - Program Accountability Measures Report (Residential Commitment Only).

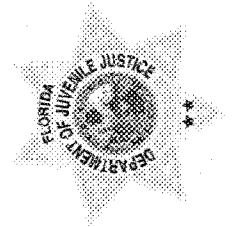


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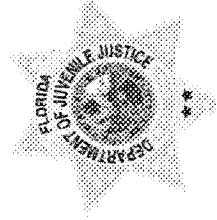


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Assessing Program Processes

- The Correctional Program Assessment Inventory—Six areas associated with successful programs.
 - Have effective, involved leadership
 - Use assessments to identify risk factors and vary treatment and intensity
 - Employ treatment strategies based on sound research and theory
 - Use educated, experienced and trained staff
 - Evaluate themselves
 - Strive for program stability, resources and support

2



The Program Improvement Loop

Program

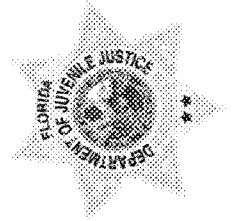
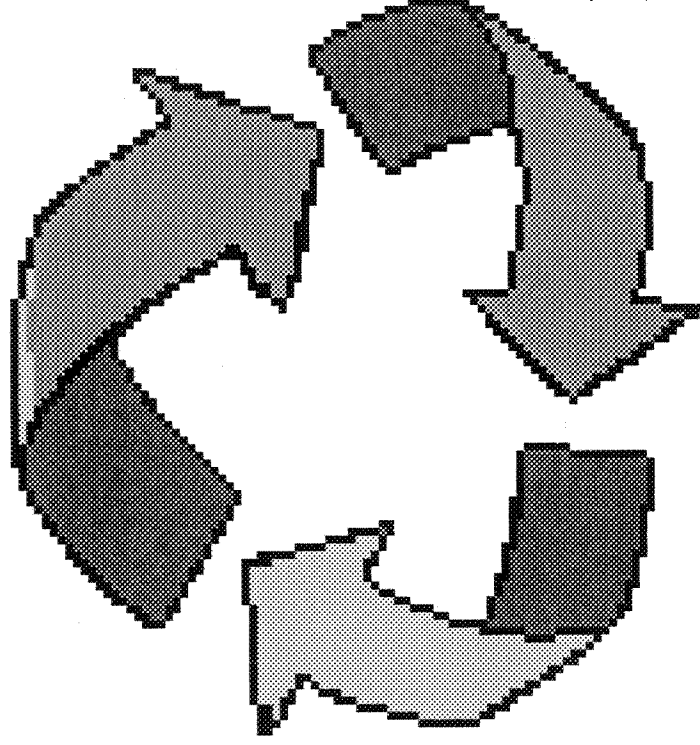
Outcomes

Evaluation,
Technical
Assistance

Program
Modifications

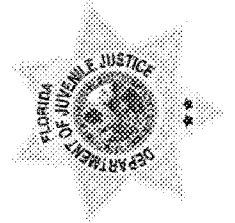
Program
Monitoring

Program
Operations



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FLORIDA DEPARTMENT OF JUVENILE JUSTICE

What Works Initiative Residential Pilot Project Status Report: February 2006

The Florida Department of Juvenile Justice (DJJ) *What Works* Initiative Residential Pilot Project (WWIRPP) commenced in the fall of 2004, following an award of \$380,000 from the Federal Juvenile Accountability Block Grant (JABG) to Residential and Correctional Facilities to fund the pilot project. Ten pilot sites were chosen from among 25 programs that applied to be part of the pilot and on the basis of restrictiveness level, geographic region, funding type (private provider versus state-operated), and population served.

In February of 2005, given the progress of the WWIRPP, the Department sought and was awarded additional JABG funding to continue and expand the pilot project. In addition to adding six new programs, a logical expansion strategy incorporated the Department's Faith- and Community-Based Delinquency Treatment Initiative (FCBDTI). The FCBDTI currently involves nine residential programs. Five of the facilities serve as treatment sites that employ a faith- and community-based mentoring component to programming, while four maintain a dual purpose of participating in the WWIRPP and at the same time, serving as a comparison group for the FCBDTI project. By the beginning of 2006, there were 20 residential programs involved in the *What Works* Residential Pilot Project and FCBDTI that served more than 1,800 youth during fiscal year (FY) 2004-05:

- Alachua Juvenile Residential Facility
- Bay Point Schools
- Bowling Green Academy
- Britt Halfway House
- Broward Intensive HWH
- Duval Juvenile Residential Facility
- Eckerd Youth Development Center
- Falkenburg Academy
- First Step
- GOALS
- Greenville Hills Academy
- GUYS
- Hastings Academy
- Liberty Wilderness Academy
- Monticello New Life
- Orange Halfway House
- Riverside Academy
- Sago Palm Academy
- San Antonio Boys Village
- YMCA Character House

The long-term goal of the WWIRPP is to reduce recidivism among youth released from the pilot sites. This is accomplished by training and implementation of evidence-based practices, i.e., interventions based upon the delinquency research literature on treatments that have a record of proven effectiveness and are directly associated with reducing the risk of re-offending.

Both Department and WWIRPP staff have been pleased with the results accomplished to date with the project. More than 800 staff have been successfully trained to date, representing 9,994 training hours in the following evidence-based interventions:

- Cognitive Behavioral Interventions
- National Institute of Corrections, Changing Offender Behavior to Promote Public Safety

- ASSiST Cognitive Behavioral Training for Direct Care Staff
- Action Plan Training
- Cognitive Reflective Communication
- Implementation Drivers
- Motivational Interviewing
- Thinking for a Change (National Institute of Corrections Cognitive Behavioral Curriculum)
- *What Works* Overview Training
- Youth Assessment and Screening Instrument (Risk Assessment Training)

In addition, WWIRPP program staff report decreases in youth-on-youth infractions, as well as youth-on-staff infractions. Staff morale has improved as the new interventions prove effective, while corresponding decreases in staff turnover rates have also resulted at a number of pilot sites.

In February 2006, the project was awarded JABG funding of \$902,044 (see attached budget) for the third year with a focus on sustainability: consolidating the gains made by programs, documenting the Florida Model and completing the evaluation, ensuring the Department's ability to continue evidence-based improvement through capacity development, and continued expansion of the project. As the project enters its third year, a Legislative Budget Request from the Department will be developed to continue this project using general revenue funding, supported by the findings of the evaluation. Funding for the third year will lay a strong foundation for statewide dissemination through the following activities:

1. **Addition of three to five pilot sites.** It is important to continue these effective efforts by further expanding the institutionalization of the What Works Initiative in additional facilities. A primary goal in year three will be to build Department capacity to sustain continued expansion statewide. As such, focus will be on expanding the project to include more state-operated residential facilities administered directly by the Department.
2. **Institutionalize the Florida Training Coach Model.** A key component to the success of the WWIRPP has been its training coach model whereby trained facilitators are assigned to pilot sites to provide technical assistance to program staff in implementing evidence-based practices and maintaining fidelity to training principles. In an effort to build capacity within the pilot programs, the Department seeks to expand its training coach model so that WWIRPP trainers and coaches begin training staff within programs so that they can in turn serve as trainers for their own personnel, thereby implementing a self-sustaining train-the-trainer model.
3. **Refresher training.** Effective implementation requires refresher trainings in cognitive behavioral interventions to reinforce principles already learned, address staff turnover and to ensure implementation fidelity. Training will include instruction in Motivational Interviewing, Thinking for a Change Curriculum, Aggression Replacement Training, Evidence-Based Substance Abuse Interventions, Behavior Management/Incentive Techniques, Evidence-Based Family Curriculum Training, PACT Administration and Treatment Plan Training, and Communication for Change (C4C) Training.

4. **Positive Achievement Change Tool (PACT) Training—Treatment Planning.** DJJ recently began implementing the PACT, the new validated risk-assessment instrument designed to assist probation and treatment staff in accurately assessing youths' risk for re-offending. The intent is that the instrument will be used at numerous points throughout the continuum of care provided to a youth to drive treatment planning, as well as the determination of program completion. This instrument represents an integral component to evidence-based practice in each of the pilot project sites and as such, year three WWIRPP activities will also include staff training in PACT administration and integration of results into treatment planning utilizing evidence-based treatment.
5. **In-Service Training Curricula.** The first two-years of the pilot project have focused heavily on training administration and treatment staff. It is also critical that direct care workers receive training in working effectively with youth to reduce the risk for recidivism. Year three will therefore include 1-2 hours of in-service training: Communicating for Change (C4C). This training will be offered by the direct care supervisors to direct care staff, two times a month for a total of five to seven months. Four statewide trainers working under the direction of the Lead WWIRPP Trainer will provide initial train-the-trainer instruction to the direct care supervisors, who will then provide internal service training to line staff.
6. **Relation to Staff Development.** WWIRPP staff and trainers will work with the Department's Staff Development unit to train DJJ staff in the What Works Initiative and principles of effective intervention. Wherever possible, the project will partner with Staff Development to help institutionalize training in evidence-based treatment and practices in all the branches. Activities may include, for example, providing training seminars for incoming juvenile probation officers or orientation training for new DJJ program staff. New WWIRPP staff will receive pre-service training on Motivational Interviewing, allowing pilot sites to train their new hires before they are part of the staff to client ratio, thereby eliminating one of the barriers to training. In addition, WWIRPP will continue to give conference presentations on the Department's What Works Initiative and pilot project at such events as the Family Court Judges Conference, the American Society of Criminology Annual Meeting, the DJJ Residential Conference, the Florida Juvenile Justice Association Annual Conference, and the Southeastern Corrections Conference.
7. **Process Evaluation.** It is critical that the processes implemented as part of the WWIRPP be documented thoroughly so that expansion of the evidence-based model in all juvenile justice facilities statewide is seamless and successfully addresses any obstacles encountered during the pilot project. To this end, a comprehensive process evaluation will be developed in the third year of the WWIRPP.
8. **Implementation Protocol for the Florida What Works Model.** While processes will be documented in a separate evaluation, it will likewise be important to develop an implementation protocol for the Florida Model—essentially a roadmap—for new programs to follow in embarking upon the process of implementing proven delinquency interventions and services. A step-by-step protocol will be prepared in year three, detailing each element required in moving a program in line with evidence-based

practices including the following organizational stages of change: introduction, adoption, implementation, practice and fidelity.

9. **Terminal CPAI Assessments.** One of the first tasks undertaken in year one of the pilot project was to procure an effective program evaluation tool to assess the extent to which programs were operating under principles of effective intervention. The most widely accepted evaluation tool in the field is the Correctional Program Assessment Inventory (CPAI). All ten first year pilot sites received a comprehensive CPAI evaluation (typically takes 2 days), and five of the second year cohort of WWIRPP sites has undergone the assessment to date. These initial CPAI reviews serve as baseline measures. A major goal of year three will be to conduct terminal CPAI assessments of all first-year sites to determine the extent to which each program has successfully implemented evidence-based practices throughout the facility.
10. **Outcome Evaluation.** Given the overarching goal of reducing recidivism among youth released from the WWIRPP pilot sites, an official outcome evaluation will be conducted which include various recidivism outcome measures including offenses during supervision and adjudications or convictions within one year of program release.
11. **Quality Assurance Tools.** In the process of implementing the WWIRPP, it became evident that success was predicated upon successful integration with the DJJ Quality Assurance (QA) process. During the first two years of the project, WWIRPP staff worked with QA to refine quality assurance tools and incorporate evidence-based measures into the official QA standards used by the Department. Further work is needed in this regard, and WWIRPP staff will collaborate with QA in the third year to develop additional measures derived from CPAI evaluations and the research literature including program assessments of management, administration and treatment staff qualifications, treatment services, assessment of youths' criminogenic risks and needs, treatment fidelity and implementation, and internal evaluation.
12. **Final Report.** At the conclusion of the third year, WWIRPP staff will prepare a detailed report documenting the progress achieved during the three-year initiative. The report will include activities and deliverables produced; a detailed overview of all trainings including the number of training hours delivered, number and type of trainings provided, and number of treatment and direct care staff trained; direct change achieved in the pilot sites; an overview of the refresher training provided; an outline of the Florida training coach model as it was further developed in the third year; documentation of the PACT administration and treatment plan training; a discussion of the activities and collaboration with DJJ Staff Development and Quality Assurance; the development of an in-service training curricula for line staff; the implementation of new pilot sites; the completion of terminal CPAI reviews in the nine original WWIRPP pilot sites; and discussion of the key findings from the process evaluation, initial outcome evaluation and implementation protocol.

WWIRPP Accomplishments to Date:

Training:

- All fifteen pilot sites, as well as, the five Faith and Community Based Delinquency Treatment Initiative (FCBDTI) pilot sites have received National Institute of Corrections (NIC) Changing Offender Behavior to Promote Public Safety Action Plan Training.
- All fifteen pilot sites, as well as, the five FCBDTI sites have received a four-day overview of the principles of effective intervention from three national experts using the National Institute of Corrections (NIC) Changing Offender Behavior to Promote Public Safety curriculum.
- All fifteen pilot sites have received a two-hour What Works introduction training module offered to all program staff.
- One cohort one pilot site (Duval JRF) has received instruction in using the EQUIP Curriculum and is presently running EQUIP group.
- All fifteen WWIRPP pilot sites have received training in Thinking for a Change and seven of the cohort one pilot sites and one FCBDTI site have received additional training due to staff turnover.
- All fifteen pilot sites have received training in Motivational Interviewing which has been demonstrated to be an effective means of promoting behavioral change.
- Three pilot sites (Bowling Green, Falkenburg Academy, and Riverside Academy) have had the full 12-module ASSiSST Training. Two sites (Greenville Hills Academy and Monticello New Life) have had been trained in the first four ASSiSST-FL modules. One site has been trained in the first two modules of ASSiSST-FL. The curriculum was found to be cumbersome to manage and a contract is being negotiated with one of the developers of Thinking for a Change to redesign the curriculum for Florida into a curriculum that can be taught by direct care staff supervisors to direct care staff in bi-monthly in-service sessions.
- Staff from ten cohort one pilot sites (nine of which remain in the pilot) attended Implementation Training during the WWIRPP meeting in January 2005.
- More than 550 program staff from the fifteen pilot sites have received What Works Initiative training (a number of these staff members have received multiple training modules, therefore individual-level training sessions are over 800).
- The project has provided over 10,000 hours of staff training.

Expansion:

- Five of the original cohort one sites (Eckerd Youth Development Center, Sago Palm Academy, Greenville Hills Academy, Riverside Academy and Duval Juvenile

Residential Facility) and two of the cohort two sites (YMCA Character House and Bay Point Schools) are expanding the What Works Initiative to their entire campuses.

- All cohort one pilot sites were provided funding by the Eckerd Family Foundation to send staff to the International Community Corrections Association (ICCA) conference in Cincinnati, Ohio in 2003 and 2004.

Achievements:

- Anecdotally the program staff report that incidents in the program have decreased.
- All fifteen sites (and 5 FCBDTI treatment sites) submitted preliminary Action Plans based on the NIC training. Many continue to be revised as they are living, working documents.
- All fifteen sites have established an internal Implementation Team to guide the adoption and delivery of evidence-based practices.
- All fifteen programs have started groups with youth based on the Thinking for a Change curriculum and are piloting the implementation of these groups. Several programs have completed multiple groups.
- All ten of the cohort one sites attended a two-day planning meeting for the WWIRPP in January 2005, and a second similar meeting which convened in May 2005. Thirteen of the cohort one and two sites attended a mid-year planning meeting in January 2006 in Orlando designed specifically to address issues of implementation, obstacles, fidelity, challenges and accommodations that the programs have had to make to implement evidence based programming into their practice. The program directors completed a survey and prepared and presented a presentation on their issues and accomplishments. The pilot sites were introduced to the new PACT (Positive Achievement Change Tool) and a presentation emphasizing the 4:1 positive reinforcement ratio with clients as well as staff was delivered.
- What Works Initiative staff members convened and/or participated in two executive level planning meetings at Wakulla Springs in December 2004 and at the Secretary's Retreat in February 2005.
- Two What Works planning sessions for the cohort one project sites were held during the 2005 DJJ Residential Commitment Conference on May 25-26, 2005.
- Seven pilot sites (Greenville Hills Academy, Monticello New Life, Liberty Wilderness Academy, Hastings Academy, Duval Juvenile Residential Facility, GOALS, Bay Point Schools) have on-site training coaches. Negotiations are presently on-going to secure training coaches for five sites (YMCA Character House, Falkenburg Academy, Riverside Academy, GUYS and Bowling Green Academy) to start in March 2006. Four FCBDTI treatment sites have training coaches (Broward Intensive HWH, First Step, Orange HWH and SABV). An advertisement was run on CareerBuilder, a national on-

line employment advertiser and 40 applications were received for training coach positions. Another advertisement is set to run this month to secure candidates as training coaches for the remaining sites.

- All ten of the cohort one pilot sites, 5 of the cohort two pilots sites and 5 of the FCBDTI sites have had baseline Correctional Program Assessment Inventory (CPAI) evaluations conducted at their facility by teams of researchers from the University of Cincinnati and the WWIRPP staff.
- One staff person from a WWIRPP site has become a certified T4C trainer and 2 staff from the FCBDTI have been certified.
- All ten of the cohort one pilot sites have had the results and recommendations of their baseline CPAI evaluations presented in-person, on-site at their program by WWIRPP staff. The remaining WWIRPP and FCBDTI sites will have the results presented by the end of April 2006
- Pilot site program directors and staff identify the following accomplishment from their inclusion in the pilot study:
 - Sending staff to Thinking for a Change, Motivational Interviewing and Action Plan training and the staff development ensuing from that training.
 - Initiating and implementing Thinking for a Change groups in their facilities.
 - Increased awareness of the What Works Initiative among staff.
 - Lowered client to therapist ratios.
 - Adopting standardized assessment tools.
 - Conducting family sessions.
 - Attending therapeutic community meetings.
 - Providing youth with Bi-Weekly Self Evaluation Reports.
 - Promoting self-efficacy in the program.
 - A renewed emphasis on the importance of treatment plans.
 - A shift in the climate in the program emphasizing treatment versus management of youth.
 - The shift from moving youth from time in the program to moving youth through the program based on the stages of change.
 - Updating action plans and the development of a general understanding of how to strategically plan program change.
 - An increased emphasis on reinforcing positive and pro-social behavior and increasing rewards for youth.
 - Addressing CPAI report recommendations.
 - Increasing group time.

- Addressing criminogenic needs.
- Incorporating all staff into monthly staff meetings.
- Facilitating specialized groups to meet the needs of the youth.
- Implementing youth advisory boards.
- Implementing youth exit surveys.
- The What Works Initiative Director, Dr. Steven Chapman, the JRC Co-principal, Dr. Kristin Winokur and WWIRPP Manager, Ana Villar have presented:
 - CPAI evaluation process results to CEOs of pilot project provider agencies at the annual FADAA/FJJA conference in February 2005.
 - A presentation to the American Society of Criminology.
 - At 8 presentations to Juvenile Justice circuit boards.
 - At 3 presentations at Florida Juvenile Court Judges conferences.
 - At 25 presentations at department functions (residential conference, probation annual meeting, QA meetings, trainings for staff and grant meetings).
 - A presentation to DCF mental health and substance abuse staff.
 - At 3 presentations at the Florida Alcohol and Drug Abuse Association.
 - At 3 AMI conferences.
 - At 7 University of Florida and Florida State classes.
 - At a graduate seminar at UF Criminology.
 - At 4 presentations at JPO academies.
 - At 4 presentations to the State Advisory Group.
 - At 2 JJEEP educational conferences.
 - Developed a What Works presentation for state legislators conference in Oregon, Southeastern Corrections conference.

Challenges:

- Staff turnover continues to present a challenge to implementation and contributes to inconsistent modeling.
- It is difficult to incorporate within the programs current client activity schedule new groups such as T4C.
- The cost and difficulty in scheduling to send staff to off site training.